



# Dealer Application

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DEALER APPLICATION ■

You may print this dealer application and send by fax or mail.

(Please print)

Salesperson  Customer #

Date  /  /

Business Name  Phone

Fax

Address

(STREET)

(CITY, STATE, ZIP)

Business Type

Date Established  /  /

Resale Number  Tax ID

Ownership

Method of Payment  Visa  Mastercard  American Express  Check

Card #

Cardholder

Signature\*

Title

Contact Person  Title

\* If applying by e-mail, please type your name here.

Upon being approved as a dealer, an additional dealer application must be physically signed and sent by fax or mail.

Please fax to: 804-270-1504

Please mail to:

Vinci

8422 West Broad St.

Richmond, VA, 23294