

TRUE-TRACK, INC.™

Authorized Dealer Application

Company Information:

Company Name: _____

Contact Person: _____

Complete Address: _____

Phone: () _____ **Fax:** () _____

Web Address: _____

Email Address: _____

Years in Business: _____

How did you hear about us? _____

Owner Information:

Name (s) : _____

Phone: () _____ **Fax:** () _____

Trade References (do not list CCI, Drag or any large distribution house) :

Company Name: _____

Dealer Number: _____

Contact Person: _____

Phone: () _____ **Ext.** _____

Company Name: _____

Dealer Number: _____

Contact Person: _____

Phone: () _____ **Ext.** _____

TRUE-TRACK, INC.™

Authorized Dealer Application

Company Name: _____

Dealer Number: _____

Contact Person: _____

Phone: () _____ **Ext.** _____

Please fax application and a copy of your business license and resale number to: 310-473-9986

11490 Burbank Blvd. Ste 6E N. Hollywood, CA 91601

Phone: 818-623-0697 Fax 818-623-8705

tracktrue@netscape.net