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To apply for the **STR RACING Wholesale Program**, please take the following steps:

1. Complete the entire application with a proper signature of acceptance of our **Terms, Conditions and Policies**.

2. Provide the following required documentation with your completed application:

• Copy of Business License

• Current Business Card

• Completed Reseller's Certificate from your state (Form #SBOE 230 California Businesses Only)

• 3. **Fax your completed application with documentation to: (562)941-1645**

• 4. Your company can place orders under the Wholesale Program once your application has been reviewed, validated and approved.

• 5. Confirmation will be sent to the e-mail (1) address or by phone number provided once approved for the Wholesale Program.

**COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY, STATE AND ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE: (\_\_\_) \_\_\_\_\_\_\_\_\_\_ FAX: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_**

**Website: www. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City Business License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**California Resale Certificate #: \_\_\_\_\_\_\_\_\_\_\_\_\_ -or- Out of State \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Entity: \_\_\_\_\_Corporation/LLC \_\_\_\_\_\_\_\_\_Partnership \_\_\_\_\_\_ Sole Proprietorship**

**Retailer or Wholesaler (please check one): \_\_\_\_\_ Retailer \_\_\_ Wholesaler \_\_\_\_\_\_\_ Both**

**Primary Contact (1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary Contact (2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please complete the following**

**Billing and payment information.**

**Credit Card Type:** (circle one) Visa /MasterCard / Discover / American Express

**Name on Card**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit card #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expiration Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Security Code\***: \_\_\_\_\_\_\_\_\_\_\_\_\_

\* last three digits on signature line for Visa/MC/DIS or 4 digit code found on front of card for Amex

**Complete Billing Address for Credit Card:**

**I hereby authorized the above credit card to be utilized to process payment for all orders**

**placed with STR RACING until notified in writing.**

**I certify that the company is engaged in the business of selling automotive parts and accessories and that the tangible goods described herein purchased STR RACING will be resold. In the event that such property is used, your company agrees to comply with Sales & Use Tax Law for your State.**

**By signing this document, the company and its agents agree to be bound by the Terms,**

**Conditions and Policies set forth within this document. STR RACING may modify this agreement at any time with or without notification. Your continued participation in the program shall be deemed your acceptance of any modifications.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BOE-230 (7-02) STATE OF CALIFORNIA

**GENERAL RESALE CERTIFICATE** BOARD OF EQUALIZATION

**California Resale Certificate**

**I HEREBY CERTIFY:**

1. I hold valid seller’s permit number:

2. I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase from of the item(s) I have listed in paragraph 5 below. [Vendor’s name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item’s purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

6. I have read and understand the following:

**For Your Information**: A person may be guilty of a misdemeanor under Revenue and Taxation Code section6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or $500, whichever is more.

NAME OF PURCHASER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PURCHASER, PURCHASER’S EMPLOYEE OR AUTHORIZED REPRESENTATIVE

PRINTED NAME OF PERSON SIGNING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS OF PURCHASER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER (\_\_\_)-\_\_\_-\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_