



PERFORMANCE DISTRIBUTER APPLICATION

IN ORDER FOR US TO BETTER SERVE YOU, PLEASE FILL IN AND FAX, MAIL OR E-MAIL THIS FORM BACK TO US.

DATE: _____

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PHONE NO: _____

FAX NO.: _____ E-MAIL ADDRESS: _____

WEBSITE: _____

SHIPPING ADDRESS IF DIFFERENT THAN ABOVE

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____

	YES	NO		
STOREFRONT LOCATION	___	___		
MULTIPLE LOCATIONS	___	___		
WAREHOUSE	___	___		
DO YOU HAVE OUR CATALOG	___	___		
INSTALLATION	___	___	% SALES:	_____
RETAIL SALES	___	___	% SALES:	_____
WHOLESALE SALES	___	___	% SALES:	_____
INTERNET SALES	___	___	% SALES:	_____

TYPE OF BUSINESS: _____

YEARS IN BUSINESS: _____

STOCKING BRANDS: _____

CURRENT SUPPLIERS: _____

CURRENT FLYWHEEL, CLUTCH, CAM GEARS, & SHIFTERS SOLD:

DOLLAR AMOUNT IN INVENTORY: _____

ANNUAL SALES: _____

NO. OF EMPLOYEES: _____

YOUR TARGET CUSTOMERS: _____

SPECIALTY: _____

PLEASE ALSO ATTACH A COPY OF YOUR BUSINESS LICENSE/TAX ID

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