



2277 E. North Street
Kokomo, IN 46901

ph: 765.456.3957
fax: 765.456.3960

www.CoanRacing.com

Applicants must provide a copy of business license and tax exemption certificate. New accounts are required to make a minimum initial purchase. This form must be filled out in full. (Please Print or Type)

Company Name: _____

Address: _____

City, State Zip: _____

Phone #: _____ Fax #: _____

Email Address: _____

Federal I.D. #: _____

Sales Tax #: _____

Requested type or payment (Check One)

- Prepayment
- COD Cashier Check/Money Order
- COD Company Check
- Credit Card

Type of Business: _____ Date Est.: _____

(Check One) Proprietorship Partnership Corporation

Owner/President: _____

Partners Name: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Address: _____

Address: _____

City, State Zip: _____

City, State Zip: _____

Social Security #: _____

Social Security #: _____

Home Phone #: _____

Home Phone #: _____

Authorized Purchasers: _____

Please list the names and addresses of (4) trade references

Company Name: _____

Company Name: _____

Address: _____

Address: _____

City, State Zip: _____

City, State Zip: _____

Phone #: _____

Phone #: _____

Fax #: _____

Fax #: _____

Company Name: _____

Company Name: _____

Address: _____

Address: _____

City, State Zip: _____

City, State Zip: _____

Phone #: _____

Phone #: _____

Fax #: _____

Fax #: _____

