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Kure-International, Inc. Dealer Application Form

Business Name _____

Phone Number _____ Fax Number _____

Address _____

City _____ State _____ Zip Code _____

Type of Business _____ WD _____ Retail _____ Repair _____ Internet _____

Facility Info _____ Storefront _____ Workshop _____ Dyno Tuning _____ None _____

AOL Instant Massanger Screen Name _____

Company Website _____

Email Address _____

Federal ID # _____ Resale # _____

Owner/Principal Name _____

Home Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax Number _____

Alternate Contact _____ Title _____

Phone _____ Fax Number _____

Trade References

Business Name _____ Contact _____

Phone Number _____ Fax _____

Business Name _____ Contact _____

Phone Number _____ Fax _____

Business Name _____ Contact _____

Phone Number _____ Fax _____

***Please print this form clearly as we will need to transfer all the information to our computer system.**

***If your company is located in state of California, please fill out the California Resale Certificate as well.**