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SALES@PERRINPERFORMANCE.COM SALES@ALTAMINIPERFORMANCE.COM

WHOLESALE ACCOUNT REGISTRATION FORM

Name of Business: _____

Address: _____

City, State and Zip: _____

Fed/StateTaxID/EIN _____

Registered owner(s): _____

Office phone number(s): _____

Fax phone number: _____

Web site address(es): _____

E-mail address(es): _____

Authorized purchasers: _____

Are P.O. numbers required prior to shipment? Yes _____ No _____

Please check all that apply

- Do you have a retail showroom?
- Do you have an onsite installation area?
- Do you offer technical assistance to retail customers via phone or e-mail?
- Do you have a dedicated fax line?
- Are products retailed on your web site?
- Do you manufacture or private label parts that bear your company name or a fully or partially owned subsidiary name?

Print name and sign _____

Title: _____ Date: _____

Please fax this completed form along with a copy of your business license, reseller's permit, and business card to Fax (503) 644-9857.

NOTE: We reserve the right to share this information with an authorized distributor in your area. If you do not agree, do not return the form and instead speak directly to our sales manager. Thank you for choosing ALTA and PERRIN Performance Products.