



## Distributor Information Sheet

Company Name: \_\_\_\_\_

Phone : \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Webpage: \_\_\_\_\_

Reseller Identification Number: \_\_\_\_\_

Business License Number: \_\_\_\_\_

State and City of Business License: \_\_\_\_\_

Please fax completed form to 702.568.5682 attention Cindy. Any questions you may contact us at 702.568.5680 or via email to [james@adamsdriveshaft.com](mailto:james@adamsdriveshaft.com)