



# WEB Business Application Form

**Please Print or Type**

Company Name \_\_\_\_\_ Date \_\_\_\_\_  
 Owners Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ GA County \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Type of business (Check one that is most applicable)

Parts Store  Speed Shop  Race Engine Builder  Machine Shop  Professional Racer  Other \_\_\_\_\_

Year Business Started \_\_\_\_\_ Federal Tax # \_\_\_\_\_ Sales Tax # *Complete Sales Tax Form*

Approximate Expected Monthly Purchases From BCI? \_\_\_\_\_ Local Tax Rate (Used on Web Invoicing) \_\_\_\_\_

Does Your Company Require a PO# for a Purchase? \_\_\_\_\_

BCI Performance Warehouse ONLY
Customer # _____
Authorized by _____
Default Ship Method _____
Terms _____
PO Required _____
Old Customer # _____

**Please List Three Current Business References**

**••• For Faster Processing - Include An Invoice And A Statement From Each Reference •••**

Company Name _____	Company Name _____	Company Name _____
Contact Name _____	Contact Name _____	Contact Name _____
Terms _____	Terms _____	Terms _____
Account # _____	Account # _____	Account # _____
Address _____	Address _____	Address _____
City _____ State _____	City _____ State _____	City _____ State _____
Zip Code _____	Zip Code _____	Zip Code _____
Phone # _____	Phone # _____	Phone # _____
Avg. Monthly Purchases _____	Avg. Monthly Purchases _____	Avg. Monthly Purchases _____

**Thank you for taking the time to complete this application. We look forward to a good business relationship.**

**Please mail or fax completed application with a copy of the following to:**

**BCI Performance Warehouse**  
**465 Memorial Dr. SE Atlanta, GA 30312**  
**Phone # 404-522-3497 Fax # 404-420-1572**

- Business License
- Completed Sales Tax Form (if GA company)
- 1 Invoice and 1 Statement from each Business Reference

**Referred by:** \_\_\_\_\_