



1291 West Airport Blvd
 Sanford, Florida 32773
 407-324-4684
 407-324-4685 – Fax
James@IPGParts.com

Account Application

Legal Company Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Fax: _____ Email: _____
 Authorized Account Contact: _____
 Sales Tax Exempt #: _____

References

Name: _____	Phone: _____	Contact: _____
Name: _____	Phone: _____	Contact: _____
Name: _____	Phone: _____	Contact: _____

Qualifications

1. A full time business in the high-performance auto industry.
2. Photo copy of current business license
3. Photo copy of sales tax permit
4. You may also be asked to provide a photo copy or proof of the following: business card, canceled business check, photo of store front, local or national advertisement, yellow pages listing, and/or proof of shop insurance.

All Forms must be filled out completely, signed and returned to Innes Performance Group, LLC. A minimal, one-time pre-paid opening order may be required.

Innes Performance Group, LLC does not offer open credit lines. Accounts may be pre-paid (cash, money order, certified or bank check, or credit card) or packages at our discretion may be sent COD, Certified Funds ONLY.

Drop Shipments will be allowed.

_____	_____	_____
Signed	Title	Date



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Credit Card Authorization

To: _____

Card #1

Visa Mastercard Discover American Express V-Code _____

Credit Card Number: _____ Exp Date: _____

Card #2

Visa Mastercard Discover American Express V-Code _____

Credit Card Number: _____ Exp Date: _____

Your Name and Address Exactly as it appears on your statement:

Names: _____

Address: _____

City, State, Zip: _____

My signature below acknowledges that I am legally authorized to use the above listed credit card and that I am authorizing Innes Performance Group, LLC to charge all invoices, unpaid returned checks, and unpaid account balances per their discretion.

Your Authorized Signature: _____ Date: _____