



TEAM Industries • Aftermarket
1637 Dan Street
Detroit Lakes, MN 56501-6925
(218) 844-3283
Fax: (218) 844-5758
www.TEAMaftermarket.com

2012 ATV RACE PROGRAM ELECTRONIC APPLICATION

Dear Applicant:

Thank you for your interest in the TEAM Industries ATV Race Program! The following document serves as your application for our program.

Please fill this form out completely. Applications that are received with missing or incomplete information will be discarded without further notice (this includes applications that are received without a signature on the final page of the document). Please read the final page of the application carefully; you will not be eligible to receive racer pricing on any of our products until you have met each of the conditions listed on the contract.

If you have any questions, please let me know. I look forward to working with you this season and wish you the best of luck in your racing ventures!

A handwritten signature in black ink that reads "Christy Nodde".

christinenodsle@TEAM-IND.com
(218) 846-6315 DIRECT

OFFICE USE ONLY:

Applicant approved? Yes No

Approval Date: _____

Packet mailed: _____

Race Program account #:

RA- _____



TEAM Industries < Aftermarket

1637 Dan Street

Detroit Lakes, MN 56501-6925

(218) 844-3283

Fax: (218) 844-5758

www.TEAMaftermarket.com

2012 ATV RACE PROGRAM CONTRACT

Customer Number: **RA-**

Discount: 30% off retail

Name on Account:

Please send completed application to: **Chrissy Nodsle at TEAM Industries (TEAM)**, via email (christinenodsle@TEAM-IND.com), fax (218-844-5758), or by mailing it to the address as listed above **PRIOR** to the June 1 deadline.

Application must be filled out completely or it will be discarded without further notice.

Section A: Account Information (REQUIRED for ALL Applicants)

CHECK ONE: First-Time Applicant 2009 TEAM Sponsored Racer

MAILING ADDRESS

SHIPPING ADDRESS

Check if same as mailing address: (NO PO BOXES PLEASE!)

Is your shipping address business or residential?

Contact person's name: _____

(*this is the name of the person your account will be listed under and the **ONLY** person who will be allowed to place orders)

Team Name: _____

Day Time Phone: _____

Day Phone Type:

Cell Home Work

Alternate Phone: _____

Alt. Phone Type:

Cell Home Work

Fax Number: _____

Fax Number Type:

Personal Race Team Work

Email Address: _____

Website Address: _____

Number of decals needed: _____

(You are required to display a **minimum of two TEAM decals on each machine**; extras can be requested at any time through the season)





TEAM Industries < Aftermarket
 1637 Dan Street
 Detroit Lakes, MN 56501-6925
 (218) 844-3283
 Fax: (218) 844-5758
 www.TEAMaftermarket.com

2012 ATV RACE PROGRAM CONTRACT

Customer Number: **RA-**

Discount: 30% off retail

Name on Account:

Section B: Individual Racers (if you are applying as a RACE TEAM with more than one racer, please skip to section C)

Date of Birth: _____

Gender: Male Female

Occupation: _____

Job Description: _____

Years Racing: _____

Number of events attended per year: _____

Classes competed in: _____

ATV/Bib number: _____

List all ATV brand(s), model(s), and year(s) to be used this season:

--

Other current sponsors:

--

Race highlights & past results:

(Please attach race résumé if available!)

--

Race references:

(Name, phone, and relationship to racing industry)

--

Goals for upcoming season:

--

How will you promote TEAM Industries to other racers, riders, and motorsports enthusiasts?

--

Racing type:
(check all that apply)

--

Circuit(s) you intend to participate in this season:

--





TEAM Industries < Aftermarket
 1637 Dan Street
 Detroit Lakes, MN 56501-6925
 (218) 844-3283
 Fax: (218) 844-5758
 www.TEAMaftermarket.com

2012 ATV RACE PROGRAM CONTRACT

Customer Number: **RA-**
 Discount: 30% off retail

Name on Account:

Section C: Race Teams (this section not required for those applying as an *individual* racer rather than a "team")

Team Owner (s): _____

Team Manager: _____

Year established: _____

Number of events attended per year: _____

List ATV brand(s), model(s), and year(s) to be used this season:

Other current sponsors:

Racing type:
 (check all that apply)

Circuit(s) you intend to participate in this season:

RACER INFORMATION

DRIVER NAME	BIB #	AGE	YEARS RACING	DISCIPLINE(S)	CLASSES

Please include any additional information you feel would be helpful in making our decision for sponsorship of your race team:





TEAM Industries < Aftermarket
1637 Dan Street
Detroit Lakes, MN 56501-6925
(218) 844-3283
Fax: (218) 844-5758
www.TEAMaftermarket.com

2012 ATV RACE PROGRAM CONTRACT

Customer Number: **RA-**

Discount: 30% off retail

Name on Account:

By signing and returning this contract, you agree to the following **mandatory** terms, which are in effect from January 1st (or the date of your contract approval) through December 31st. *You will be ineligible for racer pricing unless ALL of the below terms have been met.*

1. TEAM has the right to use your name and photo(s) for advertising for the duration of this contract.
2. You may purchase TEAM's product directly from TEAM at Racer Price.
3. You are required to display TEAM's decals at all times in the following manner:
 - a. Two (2) on each ATV
4. Use or advertising of any competitor's products is forbidden.
5. Race results/updates must be submitted monthly (by fax or e-mail) with your name and customer number.
6. Product received under this program is for your racing use only. (Not to be re-sold or used for purposes other than racing)
7. The contact person for your account is the ONLY person who may place orders.
8. You must use the provided order form when ordering. Form must be filled out completely or it will not be processed. Order forms must be faxed in or emailed directly to **Chrissy**. PHONE ORDERS WILL NOT BE ACCEPTED unless prior arrangements have been made. **You MUST include a picture of your equipment displaying TEAM decals prior to your first order.**
9. Credit card information must be given with every order or credit card information (to be used on all orders) must be placed on file prior to placing your first order.
10. A return authorization number is required to return product. Product being returned must be un-used and in original packaging. Returned product is subject to 15% restocking fee.
11. The terms listed in this contract are confidential between TEAM and you; and any disclosure of this information will void this contract.

IF YOU DO NOT MEET THE TERMS LISTED ABOVE, YOU WILL FORFEIT YOUR RACER DISCOUNT.

The signing of this contract is your promise to positively promote TEAM's name by following the guidelines outlined above.

Thank you for all your help and best of luck for a successful and safe racing season!

Signature: _____ Date: _____

* Note: If racer is under 18, contract **must** be signed by parent or legal guardian.

