

TEAM WIX SPONSORSHIP APPLICATION

RACE TEAM INFORMATION

Race Team Name _____
Address _____
City/State/Zip _____
Driver _____
Contact/Phone _____
Email _____

PARTICIPATING AUTO PARTS STORE INFORMATION

Auto Parts Store Name _____
Address _____
City/State/Zip _____
Contact/Phone _____
WIX District Manager _____
Email _____

PRODUCT INFORMATION

Please give the part numbers of the WIX Racing Filters that you will be using.

Racing Oil Filter #: _____ Qty: _____

Air Racing Filter #: _____ Qty: _____

Fuel Racing Filter #: _____ Qty: _____

Total Amount of Invoice: _____ **X 20% =** _____ **Rebate Total**

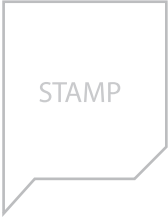
(Note: Filter quantities are limited to 3 cases of oil, 3 case of air and 3 cases of fuel)

Signature: _____ Date: _____

Team Registration #: _____ Date: _____

(WIX Filters assigns)





Wix Filters
Attn: Marketing Dept.
P.O. Box 1967
Gastonia, NC 28053-1967

