



## Racer Program Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

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

### Vehicle Info

YEAR : \_\_\_\_\_ MAKE/MODEL \_\_\_\_\_

RACING ORGANIZATION: \_\_\_\_\_ MEMBER #: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.  
Any products I purchase from Xenocron will be used on a racing vehicle only.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*PLEASE INCLUDE A PICTURE OF YOUR RACING ORGANIZATION DOCUMENTATION ALONG WITH PICTURES OF THE VEHICLE YOU WILL USE THESE PARTS ON WITH THIS FORM (or process this online). Email [customerservice@xenocron.com](mailto:customerservice@xenocron.com) with your completed form and pictures. Your information on this form must match the information on the account you have setup on Xenocron.com. Please make sure you register for an account on our website prior to submitting this form or submitting through our online application.*