

RACER SUPPORT PROGRAM CONTRACT

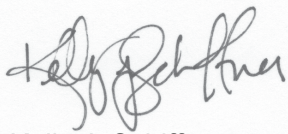
Dear Applicant:

Thank you for inquiring about our racer support 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 this 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, appearing to read "Kelly Schiffner".

Kelly J. Schiffner
kellys@venomproducts.com
218.844.3283

RACER SUPPORT PROGRAM CONTRACT

ALL FIELDS MUST BE FILLED OUT COMPLETELY OR YOUR APPLICATION WILL BE DISCARDED

Please send completed application to: Kelly Schiffner at Venom Products, via email (kellys@venomproducts.com) or by mailing it to the address listed above.

SECTION A: ACCOUNT INFORMATION - REQUIRED FOR ALL APPLICANTS

PLEASE PRINT CLEARLY

First Time Applicant ☐ Sponsored Racer/Team Renewal ☐ **RACING TYPE:** Snow ☐ Dirt ☐ Other ☐

MAILING ADDRESS:

SHIPPING ADDRESS: CHECK IF SAME AS MAILING: ☐

Is your shipping address: Business ☐ Residential ☐

NO PO BOXES WILL BE ACCEPTED FOR SHIPPING

Name: _____

Street: _____

City: _____

State/Province: _____

ZIP Code +4: _____

Street: _____

City: _____

State/Province: _____

ZIP Code +4: _____

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: _____

Phone: _____

Alternate Phone: _____

Email Address: _____

Website Address: _____

YOU ARE REQUIRED TO DISPLAY A MINIMUM OF (2) TWO VENOM DECALS ON EACH MACHINE, EXTRAS CAN BE REQUESTED AT ANY TIME THROUGHOUT THE SEASON,

Number of Machine Decals Needed: _____ Number of Trailer Decals Needed: _____

OFFICE USE ONLY - TO BE FILLED OUT BY VENOM PRODUCTS

APPLICANT APPROVED: ☐ YES ☐ NO

APPROVAL DATE: _____

DISCOUNT: 30% OFF RETAIL

RACER PACKET MAILED: _____

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SECTION B: INDIVIDUAL RACERS - IF YOU ARE APPLYING AS A RACE TEAM WITH MORE THAN 1 RACER, PLEASE SKIP TO SECTION C

Date of Birth: _____
(MM/DD/YEAR)

Gender: ☐ Male ☐ Female

Occupation: _____

Number of Events Attended Per Year: _____

Years Racing: _____

Sled/Bib Number: _____

Class Competed In: _____

Current sponsors:

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

Race references: Names, phone and relationship to race industry:

Race highlights & past results: (Please attach race resume if available)

How will you promote Venom Products to other racers, riders and snowmobile enthusiasts? :

Goals for upcoming season:

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

Racing type(s): Check all that apply.

- | | | |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Snocross | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Watercross |
| <input type="checkbox"/> Hillclimb | <input type="checkbox"/> Hillcross | <input type="checkbox"/> Radar Runs |
| <input type="checkbox"/> Ovals | <input type="checkbox"/> Enduro | <input type="checkbox"/> Ice Drags |
| <input type="checkbox"/> Grass Drags | <input type="checkbox"/> Other: (please specify) | |

Please include any additional information you feel would be helpful in making our decision for sponsorship of your racing efforts

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SECTION C RACE TEAMS - INDIVIDUAL RACERS DO NOT NEED TO FILL OUT THIS SECTION

Team Owner(s): _____ Team Manager: _____

Year Established: _____ Number of Events Attended Per Year: _____

List all snowmobile brand(s), model(s), & year(s) to be used this season: Current sponsors:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Racing type(s): Check all that apply.

- | | | |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Snocross | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Watercross |
| <input type="checkbox"/> Hillclimb | <input type="checkbox"/> Hillcross | <input type="checkbox"/> Radar Runs |
| <input type="checkbox"/> Ovals | <input type="checkbox"/> Enduro | <input type="checkbox"/> Ice Drags |
| <input type="checkbox"/> Grass Drags | <input type="checkbox"/> Other: (please specify) | |

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

Please include any additional information you feel would be helpful in making our decision for sponsorship of your racing efforts

RACE INFORMATION:

| DRIVER NAME | BIB# | AGE | YRS RACING | DISCIPLINES | CLASSES |
|-------------|------|-----|------------|-------------|---------|
| | | | | | |
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RACER SUPPORT PROGRAM CONTRACT

By signing and returning this contract, you agree to the following mandatory terms, which are in effect immediately. You will be ineligible for racer pricing unless ALL of the terms below have been met.

1. Venom Products, LLC. has the right to use your name and photo(s) for advertising for the duration of this contract.
2. You may purchase products directly from Venom Products, LLC. at a discount of 30% off retail prices (excludes sale items).
3. You are required to display Venom Product's decals at all times in the following manner:
 - A. Two (2) decals on each snowmobile. ☐ (Must initial this requirement)
4. You must provide a picture of your equipment displaying Venom Products decals prior to your first order. Email pictures to: kellys@venomproducts.com ☐ (Must initial this requirement)
5. Use or advertising of any competitor's clutch products is forbidden.
6. Race results/updates must be submitted monthly (by fax or email) with your name and customer number.
7. 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. NO EXCEPTIONS.
9. You must use the provided order form when ordering. Order form must be filled out completely or it will not be processed. Order forms must be emailed directly to orders@venomproducts.com. PHONE ORDERS WILL NOT BE ACCEPTED unless prior arrangements have been made.
10. 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.
11. A return authorization number (RAM) is required to return product. Product being returned must be unused and it original packaging. Returned product is subject to a 15% restocking fee.
12. The terms listed in this contract are confidential between Venom Products, LLC. and you; any disclosure of this information will void this contract.

IF YOU DO NOT MEET THE TERMS LISTED ABOVE, YOU WILL FORFEIT YOUR RACER DISCOUNT
I CERTIFY THAT I HAVE READ, UNDERSTOOD, AND ADHERE TO THE ABOVE TERMS AND POLICIES.

The signing of this contract is your promise to positively promote Venom'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: _____

IF RACER IS UNDER 18, CONTRACT MUST BE SIGNED BY PARENT OR GUARDIAN