



Contingency Collection Form

Please complete this form and mail or fax it back to Dart.
All fields should be filled out.

Terms and conditions for contingency can be viewed
online at DartHeads.com or can be requested from Dart.

Racer Information

First Name: _____ Last Name: _____

Social Security Number: ____ - ____ - _____

Street Address: _____ City: _____

State: ____ Zip: _____ Main Phone #: _____

Email Address: _____

Vehicle Information

Make: _____ Model: _____ Year: _____

VIN #: _____

Dart Parts In Use For This Vehicle:

Cylinder Heads Engine Block Intake Manifold

Payee Information

(If racer is the payee please leave this section blank)

First Name/Business Name: _____ Last Name: _____

Social Security Number or Federal ID Number: _____

Street Address: _____ City: _____

State: ____ Zip: _____ Main Phone #: _____

Email Address: _____

Event Information

Series _____ Event _____

Event Date: _____ Class or Classes _____

Race Placement: 1st Place 2nd Place

"I certify that all of the facts of this claim and the Frame / VIN number are correct, and that falsification may subject me to legal action. I have read and agree to the terms and conditions."

Racer Signature _____ Date: _____