



ALLTRAX Inc.  
 1111 Cheney Creek Road  
 Grants Pass, OR 97527  
 Voice: 541.476.3565  
 Fax: 541.476.3566

## DEALER APPLICATION FORM

**Date:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Web Site:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### BILLING ADDRESS

**Address Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

### SHIPPING ADDRESS

**Address Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

1. Are you an Authorized New Car Dealer for any of the following? (Check all that apply)

	<u>Name of Factory Rep</u>	<u>Contact info – Phone (or email)</u>
<input type="checkbox"/> EZ-GO	_____	_____
<input type="checkbox"/> Club Car	_____	_____
<input type="checkbox"/> Yamaha	_____	_____
<input type="checkbox"/> Columbia ParCar	_____	_____
<input type="checkbox"/> Other:	_____	_____

2. Are you a "Sub-Dealer" for any other dealers?

Dealer Company Name	Contact Person	Phone Number (or Email)
Dealer Company Name	Contact Person	Phone Number (or Email)



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- 3. Select those that apply: [ ] Sell used golf cars [ ] Rebuild stock Cars [ ] Rebuild Performance Cars
Approximately how many cars per year (total)? \_\_\_\_\_

4. Do you buy used cars direct from a factory branch? If so please list which branch (s)

Dealer Company Name Contact Person Phone Number (or Email)

Dealer Company Name Contact Person Phone Number (or Email)

- 5. What percentage of your revenue is based on
Repair Services \_\_\_\_\_% (Repair or rebuild to stock performance only)
Rebuild & Aftermarket \_\_\_\_\_% (Rebuild with tires, lift kits, performance, etc)
6. How many controllers did you sell last year? \_\_\_\_\_ Quantity plan for next year? \_\_\_\_\_
7. What percentage of your sales is drop shipped from manufacturers? \_\_\_\_\_%
8. Does UPS consider your location business or residence? [ ] Business [ ] Residence
9. What percentage of your business is conducted over the internet? \_\_\_\_\_%
10. Financial Information - Are your intentions to purchase by [ ] pre-pay - or through - [ ] credit line application?

Disclosure / Disclaimer:

This DEALER / DISTRIBUTOR application form is not a contract or agreement to do business or any party involved but an application to determine the nature of your business and customer type. This information will better assist ALLTRAX Inc. in developing a Preferred Dealer (or distributor) Network. When we recommend customers to our Value Added Dealers Value Added or Distributors, we wish to ensure the highest level of confidence our network provides the best service to our customers by referring them to the correct Dealer or Distributor.

Privacy Information Note:

All information contained in this document is regarded as confidential and is not shared or distributed to any parties except for internal ALLTRAX employees required to work with the VAD network (Value Added Dealer / Distributor). All other contact information within this form is used to verify that the information and statements are as accurate as possible.

Thank you for considering ALLTRAX Inc as your preferred Electronic Motor Controller manufacturer. For more information regarding ALLTRAX, please visit our web site at www.alltraxinc.com.

I acknowledge that all information contained in this document is true and correct.

Your Signature: \_\_\_\_\_, Date: \_\_\_\_\_

Alltrax Application Approval: \_\_\_\_\_, Date: \_\_\_\_\_

[ ] Yes(Approved) [ ] No (Not approved)

Please retain a copy for your records.