

ELev8 Off Road Dealer Application

The following is required for a Dealer/Distributor application:

(full accounting information will be requested upon approval)

Contact Name: _____ **Contact Email** _____

Contact Company Title: _____ **Phone Number** _____

Company Name: _____

Company Address:

Street Name: _____

City: _____ **State/Province:** _____

Zip Code: _____ **Country:** _____

Years at this location: _____ **Company Website:** _____

Business Information:

Type of Operation (choose one):

Corporation: Yes _____ **Years Incorporated** _____

Partnership: Yes _____ **Years Formed** _____

Proprietorship: Yes _____ **Years in Business under this Trade Name** _____

Other: _____ **Yes** _____ **Years in Business** _____

Any additional comments:

Sign and return via email: sales@elev8offroad.com

Sign: _____ **Print Name:** _____