DEALER APPLICATION

The information that has been provided herein is correct to the best of my knowledge. I understand that this is simply a request for contact and does not constitute an agreement with Backspin Seating. I acknowledge that a response from Backspin Seating does not imply intent to move forward with the Dealership Application process. By signing this document, I agree to the foregoing Prospective Dealer Statement.

Kindly complete and fax this application to 570.891.0073, or mail it to Backspin Seating, 1212 Scott St. Wilkes-Barre, PA 18705.

Contact Name	Date
Legal Name of Business	Home Telephone
Mailing Address	Business Telephone
City, State, Zip	Cell
Dealer Location Address (if different than what is listed above)	Fax
City, State, Zip	Email
County	Date your Business was Established
Accounts Payable Contact	Accounts Payable Contact Telephone
References (attach list of three trade references including contact information)	Years in Operation
What are your business working hours (example: Monday through Saturday)?	Years Under Current Owners
Are Principals involved in the business full-time?	Please submit interior and exterior photos of your existing facility or your intended Dealership Location
Please list the city, county and state in which you would like to open a Backspin Seating Dealership	How many employees do you have?
How far from this location are you willing to open a Backspin Seating dealership?	Tax ID#
Do you currently own / occupy a space that you are looking to use as a dealership?	Your Bank
Do you wish to pay by company check? q Yes q No	Bank Branch
Which golf carts do you currently sell?	Bank Phone Number
Which golf cart seats do you currently sell?	

Backspin Seating is committed to the principle of equal opportunity and does not discriminate against individuals on the basis of race, color, sex, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, ancestry, or national or ethnic origin in the review process.

Signature	Date