



# DEALER APPLICATION

## COMPANY INFORMATION

Name: \_\_\_\_\_ Type of Company:  Corporation  Partnership  Sole Proprietorship

Address: \_\_\_\_\_ Year Established: \_\_\_\_\_ If inc./where?: \_\_\_\_\_

City: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Owner E-mail: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Ship Address: \_\_\_\_\_

Main E-mail: \_\_\_\_\_ City: \_\_\_\_\_

Website: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

## PRODUCT LINE AND TERRITORY

Which Brands Would You Like to Represent?

Stärke Professional  Stärke LiftMaxx  Pallet Boss

Stärke Elite  Stärke Energy  MD Attachments

Which Territory Would You Like to Represent, by County?

\_\_\_\_\_

\_\_\_\_\_

What Brands Do You Currently Represent?

\_\_\_\_\_

\_\_\_\_\_

What is Your Current Territory With these Brands, by County?

\_\_\_\_\_

\_\_\_\_\_

How Many Units Would Estimate to: Purchase for Stock Initially? \_\_\_\_\_

Purchase for a Rental Fleet? \_\_\_\_\_ Sell in the Next 12 Months? \_\_\_\_\_

Currently Owned Handheld Diagnostic Units?  Curtis  Zapi  SME

## KEY PERSONNEL

Sales Manager: \_\_\_\_\_ Service Manager: \_\_\_\_\_

Parts Manager: \_\_\_\_\_ A/P Manager: \_\_\_\_\_

How Many Parts Salespeople? \_\_\_\_\_ How Many Salespeople? \_\_\_\_\_

How Many Field Mechanics? \_\_\_\_\_ How Many Shop Mechanics? \_\_\_\_\_

## BANKING INFORMATION

Bank: \_\_\_\_\_ Who Handles Your Floor Plan Financing?: \_\_\_\_\_

Account No: \_\_\_\_\_ Who Handles Your Rental Fleet Financing?: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Account Manager: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## TRADE REFERENCES

Company: _____	Company: _____	Company: _____
Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____
State/Province: _____	State/Province: _____	State/Province: _____
Postal/Zip Code: _____	Postal/Zip Code: _____	Postal/Zip Code: _____
Contact Email: _____	Contact Email: _____	Contact Email: _____
Fax Number: _____	Fax Number: _____	Fax Number: _____

## AUTHORIZATION

I/We hereby authorize you, to whom this application is made, or your agents to investigate my/our financial responsibility and credit worthiness, and will provide statements as you deem necessary. By the execution of this application, I/We warrant that the information submitted herein is true and accurate, and hereby authorize Canadian Forklift Distributors Ltd./Stärke Material Handling Group to investigate the trade references listed above.

Signature: \_\_\_\_\_

Please Print: \_\_\_\_\_ Date: \_\_\_\_\_