



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: _____ Postal/Zip Code: _____	State/Province: _____ Postal/Zip Code: _____	State/Province: _____ 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: _____