

## DEALERSHIP APPLICATION FORM

Please fill in all the blanks as much as possible. Please type or write legibly.

### PERSONAL INFORMATION

Dealer's Full Name: \_\_\_\_\_

Last Name

First Name

Middle Name

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

No./Unit/Bldg

Street

City

State/Province

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

No./Unit/Bldg

Street

City

State/Province

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_

Shop Name (if Applicable) \_\_\_\_\_

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

No./Unit/Bldg

Street

City

State/Province

Previous Supplier (if Applicable) \_\_\_\_\_ Years in the Business: \_\_\_\_\_

Form of Business Ownership:  Sole Proprietor  Partnership  Corporation

### CONTACT DETAILS

Mobile Number/s: \_\_\_\_\_ Fax Number/s: \_\_\_\_\_

Landline Number/s: \_\_\_\_\_ Email Address: \_\_\_\_\_

Website Address / Page: \_\_\_\_\_

### REFERENCES

Full Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

I HEREBY CERTIFY THAT ALL THE INFORMATION STATED ABOVE ARE TRUE AND CORRECT.

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Date of application