

## Dealer Information Form

**Dealer Trade Name:** \_\_\_\_\_

**Year established:** \_\_\_\_\_

**Dealer Principal:** \_\_\_\_\_

**Dealer Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Dealer License Number (MVDA #)** \_\_\_\_\_

**HST #** \_\_\_\_\_

**RIN** \_\_\_\_\_

**Method of contact:**  Email  Fax

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_