

Dealer Subscription Form

Business Name			
Business Address			
City		State	
Postal/Zip Code		Country	
Phone Number			
Fax Number			
E-mail Address			
Web Site Address			
Owner'st First Name			
Owner's Last Name			
Business Contact Name			

Additional Information

VAT/TAX ID Number			
Number of Years in Business			
Annual Turnover (EUR)			
Do you have a computer in your store?	YES	NO	
Do you have an Internet connection?	YES	NO	

Business Type Information CHECK ALL THAT APPLY

<input type="checkbox"/> Car Accessories	<input type="checkbox"/> Off Road Accessories	<input type="checkbox"/> Motorbike Accessories	<input type="checkbox"/> Wheels Center
<input type="checkbox"/> Cars Dealer	<input type="checkbox"/> Off Road Dealer	<input type="checkbox"/> Motorbikes Dealer	<input type="checkbox"/> Specialty Tires
<input type="checkbox"/> Performance Parts	<input type="checkbox"/> Car Audio	<input type="checkbox"/> Cellular Phone	<input type="checkbox"/> Replacement Auto
<input type="checkbox"/> Chemicals	<input type="checkbox"/> Other (please indicate)		
Do you offer installation?	YES	NO	

Top Brands you sell

Date

Signature

Please send this fax to **+39.0423.607203**. We will contact you as soon as possible.

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