

# DEALER APPLICATION FORM



Legal Firm Name: \_\_\_\_\_

Dealership Name: \_\_\_\_\_

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

\_\_\_\_\_  
City State Zip Code

Mailing/Shipping Address: \_\_\_\_\_

Same as physical address

\_\_\_\_\_  
City State Zip Code

Business Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Dealership Website: \_\_\_\_\_

Dealership Facebook/Instagram Handle: \_\_\_\_\_

Do you have a Showroom? Yes / No      Do you have a Parts Department? Yes / No

Do you have a Service Department? Yes / No      Do you have a Rental Fleet? Yes / No

Advertised Flat Labor Rate: (unpublished) or (\$\_\_\_/hour)

Owner's Name: \_\_\_\_\_

Sales Manager's Name: \_\_\_\_\_

Service Managers Name: \_\_\_\_\_

Who will place unit orders? \_\_\_\_\_

Who will place part orders? \_\_\_\_\_

What are you business hours? \_\_\_\_\_

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Where are you located? (Circle one)      Downtown      Suburb      Residential      Rural

What is the approximate population of the territory: \_\_\_\_\_

How long have you been in business: \_\_\_\_\_

Does your location have a forklift or similar equipment to remove units from trucks?

\_\_\_\_\_

List the brands you are currently a licensed dealer for, if any. Specify whether you are licensed for new or used: \_\_\_\_\_

\_\_\_\_\_

What were total unit sales for the previous calendar year: \_\_\_\_\_

What were total sales for the previous calendar year: \_\_\_\_\_

***Please email this form & photos of your Dealership's Storefront, Showroom, Parts Department, & Service Department to [sales@advancedevusa.com](mailto:sales@advancedevusa.com)***

**Dealer Signature of Completion:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## NEW DEALER APPLICATION CHECK LIST



***Dealer Completes & Submits Application  
Via Email (sales@advancedevusa.com) to Include:***

Dealer Name: \_\_\_\_\_

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

\_\_\_\_\_

Dealer Contact: \_\_\_\_\_

Dealer Phone/ Email: \_\_\_\_\_

***Along with your application, please provide the following documents.:***

**Proof of Insurance: Make sure the insurance company name in its entirety and policy # is included on document.**

**Credit Application and Bank References: Please fill out in its entirety and be sure to include your tax ID number. Please provide three trade references if possible. I**

**Resale Certificate: Without a photocopy of your resale certificate, we may be obligated to charge state sales tax.**

**Copy of Current Business License**

**Dealer Motorized Vehicle License: (if applicable) Include a copy of your state motorized vehicle dealer license.**

**Initial Unit Stocking Order**

**Complete DLL Application Online – Minimum 250,000 limit.**

**Submit Photos of Sales/Retail Space**

***Once we receive the above, Application will be submitted for Corporate Review***

***In order for Advanced EV to accept and bill your credit card, please complete the fields below, sign, date, and return via email – [accounting@advancedevusa.com](mailto:accounting@advancedevusa.com). All information is strictly confidential and AEV adheres to the highest standards for account data protection.***

**Contact/Billing Information: (as shown on credit card)**

Company: \_\_\_\_\_ Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Type:

Visa  MasterCard  American Express

Card Holder Name(as shown on credit card): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Security Code: \_\_\_\_\_

**Authorization:**

I, \_\_\_\_\_, authorize Advanced EV to charge my credit card above for agreed upon purchases. I understand that my information will be saved for future transactions on my account. This document will remain in effect until I notify Advanced EV of my intent to withdraw authorization in writing. The authorization will cease 30 days after this notification is received.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_