

WANT TO BECOME A DEALER?

If you're ready to be considered for a DAMAR dealership opportunity, please complete the application below and e-mail or fax back to DAMAR Corporation.

DEALERSHIP APPLICATION:

| | |
|--------------------------------------|--|
| Date: _____ | Billing Address: _____ |
| Dealership Name: _____ | City: _____ State: _____ Zip: _____ |
| Shipping Address: _____ | |
| City: _____ State: _____ Zip: _____ | Tax Identification No: _____ |
| Telephone No: _____ | State Dealer No: _____ (Attach Copy of Certificate) |
| Fax No: _____ | Resale Certificate No: _____ (Attach Copy of Certificate) |
| Corporate Name (if different): _____ | Corporation: <input type="checkbox"/> Partnership: <input type="checkbox"/> Proprietorship: <input type="checkbox"/> |
| Owner's Full Name: _____ | Year Established: _____ |
| Owner's Address: _____ | |

TRADE/WD SUPPLIERS

| | |
|-------------------|-----------------|
| 1. _____ | |
| Account No: _____ | Phone No: _____ |
| 2. _____ | |
| Account No: _____ | Phone No: _____ |

DAMARTM
TRUCKDECKTM

DAMARTM
LOAD-N-GO

DAMARTM
CORPORATION, LLC

P.O. Box 1083
Parker, Colorado 80134
Phone: 1.888.840.1801
Fax: 303.840.1812
info@damartruckdeck.com
www.damartruckdeck.com

APPLY TODAY!
DON'T LET THIS OPPORTUNITY GET AWAY

DAMARDLRAPP 07.08