



## Dealer Registration Form

Fill out and fax to 317-842-7980

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

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

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

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

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

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

E-mail: \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_

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

### Tell Us About Your Company

Are You: (Circle all that apply)

Manufacturer      What Type \_\_\_\_\_

Builder              What Styles \_\_\_\_\_

Dealer                What Lines \_\_\_\_\_

Do you sell any other lines of air suspension? Yes    No    If yes, what brand or brands?

