

Dealer Request Form

Please email to: sales@ricetrailers.com or send by fax to: 573-989-6266

				Date:	
Dealers Name:		Company Representative/ Title:			
nail: Street Address:			Telephone N	lo:	
Fax No:	Trailers of Interest	: Flatbed Utility	Dump Tilt	om	
Are you currently licensed to sell trailers?				☐ Yes	□ No
2. What sets your dealership apart	from others?				
3. Do you have more than one location?				☐ Yes	□ No
4. Date business was established:	Month:	Ye	ear:	-	
5. How did you learn about Rice Tra☐ NATDA Show☐ Internet Search	ailers? Dealer Referral Other				
Are you a current trailer dealersh		s you carry:		☐ Yes	□ No
7. Do you use inventory finance? If yes please list your current lendor				Yes	□ No
8. Do you have the capability to unload a semi?				Yes	□ No
9. What type of marketing tools do Website 10. How many marketing employees	Social Media	Craigslist	☐ Magazines	☐ Other	
11. How many sales employees do	you currently have?				
12. Estimated annual potential dolla	rs:				
13. Do you have a parts department?				☐ Yes	☐ No
14. Do you have a service department? (please list manufacturer shop rate)				☐ Yes	□ No
15. Do you sell products other than trailers? If yes, please list:				☐ Yes	□ No
Additional Comments:					