



Dealer Application

Company Information

Company Name: _____

Business Owner: _____

Tax ID: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Website: _____

Retail Storefront: _____

Online Store Y/N: _____

Years in Business: _____

Accounts Payable/
Name & Email _____

By signing the above application, you acknowledge all information to be true and accurate.

Applicant Signature

Title

Print Name

Date

Please email application back to sales@drivekodiak.com

www.drivekodiak.com