

ABCMS

UFlex Integra Certified Installer and reseller Dealer application

* Indicates required question

1. Business Name *

2. Business Location- If multiple

3. Business Address *

4. Billing Address if different

5. Type of business *

Mark only one oval.

- ☐ Boat dealership- Full service
- ☐ Boat repair facility- Full service
- ☐ Mobile repair service ONLY
- ☐ Brick and mortar store
- ☐ Online reseller
- ☐ Marina-Full sales and service

6. Number of years doing business *

Mark only one oval.

☐ Less than 1 year

☐ 1-3 Years

☐ 4-10 Years

☐ 10+ Years

7. Website

8. What dealer level are you interested in? *

Mark only one oval.

☐ Online sales- Requires sales training in Integra components and how to sell them.

☐ Service and Installation- Requires Integra sales and technical training.

☐ Repair only- Requires Integra technical training.

9. For Service, repair and installation level dealers ONLY.

Service Manager Name

10. For Service, repair and installation level dealers ONLY.

Service Manager Email

11. For Service, repair and installation level dealers ONLY.

Service Manager Phone

12. For Service, repair and installation level dealers ONLY. *

Proof of Liability insurance- Please attach a copy of your companies proof of liability insurance.

Files submitted:

13. For Service, repair and installation level dealers ONLY.

Please upload a copy of a recent repair order for steering related repairs or installations performed by your business.

Files submitted:

14. For Service, repair and installation Premier level dealers ONLY.

Show off your technicians work! Show us what your team of technicians can do! Please attach before and after pictures of a recent repair or installation. A limited amount can be attached here, but if you have more, or are having issues uploading pictures, they can be sent to: russ@abcmarineservice.com

PLEASE NOTE: Premier dealers and installers will be added to dealer locators. So customers can easily find your business. ONLY applicants that attach pictures of installations will be considered for premier dealer accounts.

Files submitted:

15. For Service and installation level dealers ONLY.

How Many technicians do you currently have at your facility?

16. For Service and installation level dealers ONLY.

What certifications do your CURRENT technicians have?

Mark only one oval.

- ☐ Mercury
- ☐ Yamaha
- ☐ Honda
- ☐ Suzuki
- ☐ COX
- ☐ OXE
- ☐ Tohatsu
- ☐ NMEA
- ☐ ABYC
- ☐ Dometic Optimus 360
- ☐ Garmin
- ☐ Simrad
- ☐ Other: _____

17. Purchasing Agent Name *

18. Purchasing Agent Email *

19. Purchasing Agent Phone *

20. Sales Tax Certificate *

Files submitted:

21. Purchase Order *

Attach a copy of your organizations purchase order with company letterhead and a zero dollar amount. A purchase order number is REQUIRED for any Integra orders.

Files submitted:

22. Accounts Payable Name *

23. Accounts Payable Email *

24. Accounts Payable Phone *

25. Preferred Payment Method *

Mark only one oval.

☐ Credit Card Payment

☐ ACH/Bank transfer

26. EIN number *

27. Signature: *

I _____, A registered agent of the company that is requesting a dealer account in question 1 on this application with ABCMS hereby verify that all of the information in this application is true and correct. I hereby authorize the purchase of Integra and UFlex products from A Better Choice Marine Service, LLC.

28. Date Signed *

Example: January 7, 2019

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