



DEALER REGISTRATION FORM

NEW DEALER EXISTING DEALER DATE: _____

DISTRIBUTOR _____

GENERAL REQUIREMENTS

- Place a qualifying stocking order for California Trimmer products and parts.
- Represent the quality image of California Trimmer in all sales and service work.
- Properly set-up all California Trimmer products and instruct purchasers of safe operation.
- Conform to Evergreen Turf Eq.'s service / warranty policies and procedures.
- Provide service and warranty repair for ALL California Trimmer products.
- Submit warranty claims directly to the applicable Distributor.
- Effectively merchandise and display California Trimmer products.
- Submit product registration cards directly to Evergreen Turf Eq.

DEALER INFORMATION

DEALER NAME: _____

SHIPPING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

BILLING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ TOLL-FREE: _____

FAX: _____ WEBSITE: _____

STORE HOURS: _____ STORE MANAGER : _____

COMMUNICATION PREFERENCE: FAX MAIL E-MAIL _____

LOCATION: METRO SUBURBAN RURAL YRS. IN BUSINESS: _____ YRS. SOLD CAL TRIMMER: _____

OVERALL BUSINESS BREAKDOWN: % HOMEOWNER _____ % COMMERCIAL _____

PARTS LOOKUP SYSTEM: _____ HIGH SPEED INTERNET IN-STORE? Y N

POSTED SHOP LABOR RATE: _____ DEALER NEEDS: PARTS INFO SERVICE INFO

PRODUCT TYPES STOCKED: GAS HANDHELD PRODUCTS LAWN MOWERS LAWN EDGERS

SNOW THROWERS PUMPS GENERATORS PRESSURE WASHERS DETHATCHERS / AERATORS

GARDEN TILLERS CHIPPERS/SHREDDERS ELECTRIC HANDHELD PRODUCTS GARDEN HAND TOOLS

RANK OPE BRANDS (IN TERMS OF SALES): 1. _____ 2. _____

3. _____ 4. _____ 5. _____

DEALER CATEGORY: SELECT DEALER AUTHORIZED DEALER NON-STOCKING

DEALER APPROVAL

As an authorized representative of the dealer, I agree to fulfill the general requirements stated above. In addition, all the warranty claim procedures have been explained.

Name: _____

Signature: _____

DISTRIBUTOR APPROVAL

As an authorized representative of the distributor, I have verified that all the information stated on this form is accurate and true.

Salesperson: _____

Signature: _____



[OFFICE USE] DEALER # _____ APPROVED BY: _____ DATE: _____