

NOLAN[®]
TRAILERS & ATTACHMENTS
DEALER APPLICATION

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

President/CEO: _____ A/P Contact: _____

Principle Owner Name (if not Pres/CEO): _____

Principle Owner Home Address: _____

Applicant Firm is: Corporation Partnership Proprietorship LLC

Federal Tax ID# or Social Security # if a proprietorship: _____

Corporation or LLC Formed: _____ State of Incorporation: _____

Credit Reference 1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Contact Name: _____

Email: _____

Acct. # _____

Credit Reference 2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Contact Name: _____

Email: _____

Acct. # _____

Credit Reference 3

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name: _____

Email: _____

Acct. # _____

Bank Reference

Bank Name: _____

Address: _____

Phone: _____

Contact Name: _____

Email: _____

Please email completed form to Office@NolanManufacturing.com

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Do you currently sell any other trailer brands? Yes No

If yes, please list the brands you stock: _____

Are you planning on stocking the full line of products? Yes No

If yes, do you have a Dealer License? _____

If not, please indicate which styles you are planning to carry: _____

(Options: Landscape, ATV Style, Equipment, Tilt, Gooseneck, Deckover, Car Haulers)

What is your estimated annual sales for the year? _____

What is your anticipated sales volume for Nolan Trailers? _____

How often will you purchase trailers (weekly, monthly, as needed)? _____

Plans for pick up / delivery:

- Pick Up 1 trailer at a time
- Pick up a stack of trailers and pull back
- Drop off a trailer to be stacked
- Bring a trailer to stack and wait
- Hot Shot driver (fees based on mileage)
- Other: _____

If you have multiple locations, please list below:

I certify that the above information is true and accurate.

Applicant Signature: _____ Date: _____

Please email completed form to Office@NolanManufacturing.com