Dealer Application

The New York Trail Riders Organization, Inc.

Dealer Discount Program Enrollment Form

*Business Name:*_____

*Address:*_____

*Phone:*_____*Fax:*_____*800#:*_____

*Website:*_____

*Email:*_____

*Owner:*_____

Store Manager: _____*Sales Manager:*_____

*Service_Manager:*_____*PartsManaer:*_____

Business Hours: *M*_____ *T*_____ *W*_____ *T*_____ *F*_____ *S*_____

Vehicles Sold: ___ Arctic Cat ___ Honda ___ Kawasaki ___ KTM ___Polaris ___

Suzuki ___Yamaha_____

*Name other brands here:*_____

Type and amount of discount offered to our membership:

New Vehicle Purchase: {_____%}, Used Vehicle Purchase: {_____%}

Parts(in stock): {_____% } Parts (special order): {_____%}

Accessories: {_____%} Service(labor): {_____%}

Minimum Purchase to obtain a discount (if any) $_____

If supplied to you, would you be willing to distribute NCATVA & NYTRO information to your customers? YES ____ NO ____

Would you like to advertise in the monthly NYTRO/NCATVA newsletter?

Yes ___ 2"x3.5" ad ($25/yr) or ___ 1/2 page ad ($50/yr) or ____ full page ad ($100/yr)

Not at this time ___

Thank you in advance for providing this service to our members.

Complete and mail to:

NCATVA NYTRO EAST Po Box 136 Greenfield Center NY 12833