



Dealer Application

Dealership Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

• Corporation ___ Partnership ___ Individual ___ Other _____

• Product Types On Your Lot:

• Website URL: _____

• Phone Number: _____

• Contact Person: _____

• Annual Sales: _____

• Number of Locations: _____

• Service Department? _____

• Parts Department? _____

• Dealer Program Requested (Gold or Silver) _____

• Comments: _____

Signature: _____ Date: _____

Please fill out and email to info@premiercustomtrailers.com or fax 269-679-4499.