



3. What other equipment related business interest does the applicant have either as an operator of financial participant, such as leasing equipment, other repair outlets, etc... (if none, state "none")

Firm	Type of Business	Applicant Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Does the applicant's principle business consist of selling products and/or services and parts to the general public (i.e. end user who are not owned, partially or wholly, by the participant)?

Yes  No

If no, please explain

\_\_\_\_\_  
\_\_\_\_\_

5. Provide a brief history of the applicant's business and previous equipment experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List management of this dealer location:

President \_\_\_\_\_ Parts Manager \_\_\_\_\_  
General/Branch Mgr. \_\_\_\_\_ Service Manager \_\_\_\_\_  
Sales Manager \_\_\_\_\_ Financial Manager \_\_\_\_\_

**B.** List the names of the individuals who will be trained and responsible for the promotion and sales of **Omega Lift** products:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Advertising, Sales Promotion and Merchandising**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Applicant agrees to participate in sales, service and parts promotion programs recommended By <b>Omega Lift Distributors Inc.</b>                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Applicant will promote the sales of the <b>Omega Lift</b> products.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Applicant will display/utilize sale, service and parts literature.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Applicant will sell and stock end products and will maintain a sales force knowledge on features and application guidelines.                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Applicant will promote Dealer operations, including the placement of an approved sign identifying themselves as a dealer <i>(as described below)</i> . | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

\_\_\_\_\_  
(Size/type of sign)

\_\_\_\_\_  
(Mounting location)

Applicant understands that **Omega Lift Distributors Inc.** will provide direction and assistance as follows:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Technical Service, Parts and Sales Information                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Service, Parts, Sales and Warranty                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Regular personal contact  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Matters relating to Dealer operations and Dealer Agreement              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Service, Parts and Sales promotional materials and advertising programs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Parts inventory guidelines, inventory management and return programs    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**E. We seek this appointment because:**

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**F. List State/County, dealer is applying for:**

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G. List ITA numbers (Class 4 and Class 5 only) for the above territory:

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H. **Acknowledgements**

The undersigned acknowledges and agrees:

1. That this Application has been as a convenience
2. That receipt of this Application by **Omega Lift Distributors Inc.** shall be without obligation on its part.
3. No one other than an authorized officer of **Omega Lift Distributors Inc.** has the authority to approve the undersigned's application for a Dealer Agreement for any location; that such approval, if given, will be written; that any expenditure made, or commitments assumed by the undersigned prior to receipt of such written approval shall be the sole risk and responsibility of the undersigned without any liability and obligation whatsoever on the part of **Omega Lift Distributors Inc.**

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(Firm Name)

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(Signature)

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(Date)

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(Name & Title)

I. **Omega Lift Distributors Inc. review and recommendation**

A. Appointment recommended for term expiring (Date) \_\_\_\_\_

OMEGA LIFT DISTRIBUTORS INC.

By

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(Authorized Signature)

(Title)

(Date)