



Creating An Accessible World

Dealership Request Form

Company Name: _____

Application Date: _____

PLEASE MAIL THE COMPLETED DOCUMENT TO ONE OF THE FOLLOWING OFFICES:

USA:

GARAVENTA LIFT USA
PO BOX 1769
BLAINE, WA 98231-1769
USA

CANADA:

GARAVENTA CANADA LTD
7505 134A STREET
SURREY, BC, V3W 7B3
CANADA

SWITZERLAND:

GARAVENTA LIFTECH AG
FAENNRING 2
CH-6403 KUESSNACHT A.R.
SWITZERLAND

OR FAX IT TO: +1 604 594 9915

<p>For internal use:</p> <p>Syteline Number _____</p> <p>Processing Date: _____</p> <p>Approval: <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Credit: <input type="checkbox"/> NO <input type="checkbox"/> YES _____\$</p> <p>Initials Signing Authority:</p>



Dear prospective Garaventa Lift Dealer Partner,

Thank you for your interest in our company and our products.

With this document we are asking you to give us a brief history of your company and a view in your plans for future business development.

At the same time this document will give you an understanding of the main requirements for a Garaventa Lift business partner.

Through our "Success in Partnership" philosophy we strive to incorporate the best representation for Garaventa Lift products in every city, worldwide.

We look forward to discussing the possibility of a Garaventa Lift dealership with you. The Regional Sales Manager responsible for your market will contact you shortly.

Thank you for your time in completing this document.

Sincerely,
Garaventa Lift Group

Vince Sciamanna
Director of Business Development



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Main Contact Information

Legal Company Name:	
Company Address:	
Main Shipping Address:	<input type="checkbox"/> Same as company address
Main Contact Name:	Name: Position: E-mail: Direct Phone Number or Cell Phone: Fax Number:
Key Business Manager:	Name: E-mail: Direct Phone Number or Cell Phone:
<input type="checkbox"/> Same as main contact	
Finance Manager:	Name: E-mail: Direct Phone Number or Cell Phone:
<input type="checkbox"/> Same as main contact <input type="checkbox"/> Same as Key Business Manager	
Service Manager:	Name: E-mail: Direct Phone Number or Cell Phone:
<input type="checkbox"/> Same as main contact <input type="checkbox"/> Same as Key Business Manager	
Technical Manager:	Name: E-mail: Direct Phone Number or Cell Phone:
<input type="checkbox"/> Same as main contact <input type="checkbox"/> Same as Key Business Manager	
Website:	
Registered Officer(s):	
FDA Facility Number:	
US Tax ID Number:	

Dealership Requirements

1. The Dealership Application document must be completed and returned to Garaventa Lift for review and approval. Dealerships are granted on a non-exclusive basis and the agreement details are documented in the "Dealer Terms of Reference".
2. Credit application must be completed and returned to Garaventa Lift for review and approval. A credit security or a personal guarantee may be required to establish a line of credit.
3. Provide a copy of your liability insurance for product and completed operations coverage in the amount of Minimum US\$ 1,000,000.00.
4. Upon approval of the Dealer Application the perspective dealer will be required to attend product training seminars at the Garaventa Lift factory. Upon successful completion of the seminars, the qualified salesperson will be authorized to sell the respective product in the assigned region.
5. Garaventa Lift Dealers are required to have at least one trained and certified Garaventa Lift Level III mechanic on staff. Technical training seminars take place on a regular basis in different locations. Orders will not be processed unless the Dealership has received technical training on that particular product.
6. Garaventa Lift Dealers are required to be able to maintain and service all Garaventa Lifts in the assigned region. The customer service records must be kept in a database for a minimum of 10 years. As a minimum the database must contain: installation site address, updated customer contact information, Garaventa Lift serial number.
7. Garaventa Lift Dealers are expected to obtain the majority market share in their authorized sales territory with the Garaventa products that they represent.

8. Garaventa Lift Dealers are expected to promote Garaventa Lift products through media advertising, trade shows, company web site or any other means that is suitable for a particular market. *Garaventa Lift has implemented a co-op program that will help to offset up to 50% of the advertising costs.*

9. Garaventa Lift Dealers are required to continually upgrade their sales and technical knowledge of products. To ensure this takes place Garaventa Lift Dealer representatives are required to attend one sales and one technical seminar every 2 years. *Garaventa Lift has implemented a co-op program that will help to offset up to 50% of the education costs.*

10. Each year, unit sales and revenue targets are established for Garaventa Lift Dealers. The Regional Sales Manager will work closely with the dealership to establish achievable targets. It is expected that the dealership will reach the mutually established targets.

11. Garaventa Lift is proud of the relationships that we have established with our dealer network. Many of our dealers have been representing our products for more than 20 years. We expect to establish this type of relationship with your company.

12. Sometimes there are issues that arise between dealers and suppliers regarding policies or procedures that cannot be resolved. The vast majority of issues can be handled quickly and fairly with proper communication of the issue. Should an irresolvable issue arise between our companies, please be advised that Garaventa Lift reserves the right to terminate a Dealers authorized status with 30 days written notice.

Date, Place

Authorised Signature

Title

Which Garaventa Products are you Interested in?

► Incline Platform Lifts

- Artira
- XpressII
- X3
- Service only (spare parts and technical support)

► Vertical Platform Lifts

- Genesis Enclosure
- Genesis Shaftway
- Genesis OPAL
- Staage
- Service only (spare parts and technical support)

► Portable "TRAC" Products

- Super-Trac
- Stair-Trac
- Evacu-Trac

► Elevators

- Elvoron HR
- Elvoron MR
- Elvoron LU/LA
- Elvoron CPL
- Service only (spare parts and technical support)

Please note that some Garaventa products may not be available in your region.

About You

Please give us a brief history of your company:	
Why are you interested in representing Garaventa?	
What geographical area(s) do you cover? Licensed for: Trading in:	
Do you cover the area from one office or do you have remote locations?	
How many employees do you have in total?	
How many sales people will you have dedicated to our products?	
How many installation/service technicians do you have on staff?	
What is your annual revenue? (3 year average in \$ or €)	
Describe the types of marketing you use to generate business?	
How much do you invest in marketing and advertising? (3 year average in \$ or €)	
List a minimum of 3 references.	

Current Products Offered by Your Company

Product Name	
Description	
Sales (last 12 months)	Estimated \$ or €
Comments	

Product Name	
Description	
Sales (last 12 months)	Estimated \$ or €
Comments	

Product Name	
Description	
Sales (last 12 months)	Estimated \$ or €
Comments	

Product Name	
Description	
Sales (last 12 months)	Estimated \$ or €
Comments	

Documents to be Enclosed

- Company's most recent financial statements
- Short form certificate of product and completed liability insurance



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Customer Credit Application

Legal Name of Business			
Operating Name <small>(if different from above)</small>			
Address:			
Phone:	Fax:	In Business Since:	
Type of Ownership:		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	

Principals / Officers:

Name:	Title:
Name:	Title:

Bank Information:

Name of Bank:	
Contact:	
Address:	
Phone:	Fax:

Principal Suppliers:

Name:	Contact:
Address:	
Phone:	Fax:
Name:	Contact:
Address:	
Phone:	Fax:
Name:	Contact:
Address:	
Phone:	Fax:
Name:	Contact:
Address:	
Phone:	Fax:

We hereby authorize our bankers and creditors to verify and disclose details of our financial liabilities if requested. We agree to respect the credit terms listed on all invoices. We agree to accept and pay past due interest fees stated on all invoices. If a suit or action is instituted to collect any portion or all of the account owed we agree to pay collection and legal costs incurred.

Date, Place

Authorised Signature

Title