



Dealership Request Form

Company Name: _____

Application Date: _____

Please email the completed document to:
customerrelations.canada@garaventlift.com

Or mail it to one of the following offices:

USA:
Garaventa Lift USA
PO Box 1769
Blaine, WA 98231-1769
USA

Canada:
Garaventa (CANADA) Ltd.
18920 36 Ave
Surrey, BC, V3Z 0P6
CANADA

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





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



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\$ 2,000,000.00.
4. Upon approval of the Dealer Application, the prospective dealer must attend Garaventa Lift product and technical training seminars, including certification for at least one Level III mechanic on staff. Dealers are required to complete a sales and technical seminar every two years to maintain knowledge and certification. Only after successful completion of these trainings will the dealer be authorized to sell the product in their assigned region, and orders will not be processed without the necessary training.
5. 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.
6. Dealers are expected to obtain the majority market share in their territory and meet annual unit sales and revenue targets, which are set collaboratively with the Regional Manager. It is expected that the dealership will reach the mutually established targets.
7. 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.
8. Most issues between dealers and suppliers can be resolved quickly with proper communication. However, if an issue cannot be resolved, Garaventa Lift reserves the right to terminate a dealer's authorized status with 30 days' written notice.

Date, Place

Authorized Signature

Title



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 persons 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 \$)	
Describe the types of marketing you use to generate business?	
How much do you invest in marketing and advertising? (3-year average in \$)	
List a minimum of 3 references.	



Company Forecast - NEW REVISION

Product	Current Suppliers	Current Total Sales (last 12 months)	Projected Total Sales (next 12 months)	Projected Garaventa Sales (next 12 months)
Inclined Platform Lifts				
Vertical Platform Lifts				
Elevators				
Stair lifts				
Dumbwaiters				



Documents to be Enclosed

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



For Internal Office Use Only

- Regional Manager Comments

- Legal Checks

- Completed
- Pending
- Not Approved
- Approved

- Reviewed and Approved by Sales Manager

Name:

Signature:

Date:
