



730 Eastern Ave, 096, Malden MA 02148 www.quantummotors.com

LEGAL NAME OF COMPANY: _____

TYPE OF BUSINESS: Sole Prop. Corp. L.L.P. Gen. Part. L.L.C.

WEBSITE ADDRESS: _____

EMAIL ADDRESS: _____

BILLING ADDRESS: _____

Street Address or P.O. Box

City, State, Zip Code

Country

SHIPPING ADDRESS: *(if different)*

Street Address (No P.O. Boxes)

City, State, Zip Code

Country

TELEPHONE NUMBERS: _____

Main Number(s)

Fax Number

PRINCIPAL: _____

(NAME)

(TITLE)

FEDERAL TAX I.D.: _____

HOW LONG IN BUSINESS? <i>(Years)</i>	HOW LONG AT THIS LOCATION? <i>(Years)</i>
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MAP Policy Guidelines & Agreement

Minimum Advertised Price: Quantum Motors requires its dealers to adhere to our Minimum Advertised Price policy. MAP for each product is listed on the dealer's invoice as well as on our Web Site (www.quantummotors.com). Dealers that are found to be in violation of this policy will be provided with one warning. If a dealer continues to advertise below MAP after the warning, the dealer may be canceled and all buying privileges revoked at Quantum Motors sole discretion. Dealers who have customers reselling any of our products must be sure their customers are in compliance with our terms to retain Quantum Motors dealership status.



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By signing below, I hereby acknowledge that I have read and fully understand the MAP Policy Guidelines and Agreement and will comply with it in its entirety. I also understand that any violation of MAP Policy Guidelines and Agreement will result in a termination of my dealer status and my buying privileges revoked.

Signature: _____

Name: _____

Title: _____

Please also provide the following documents together with this application:

1. Pictures of your store or warehouse
2. Picture of your business certificate