



NSGA VERIFIED INDEPENDENT DEALER PROGRAM APPLICATION

Owner Name _____

Business Name _____

Street Address _____

City _____ State _____ Zip _____

Business Phone _____ FAX _____

Business E-mail _____ Website address _____

Criteria the applicant is applying for **MVP** **ALL-STAR**

Years the applicant's business has been in operation _____

Combined years of sales experience in the applicant's business _____

Annual revenue of the applicant's business _____

Is the stock in the applicant's business publicly traded?
 YES NO

Is the applicant's business at least 51% owned by an individual or family with a controlling interest in the business?
 YES NO

Does the applicant have a brick-and-mortar presence (including a warehouse where customers can see you doing business)?
 YES NO

Does the applicant have a website promoting the business?
 YES NO

Can the applicant's website be used for e-commerce?
 YES NO



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Does the applicant have an active use of social media to promote its business? YES NO

Does the applicant have a process for addressing customer and/or vendor complaints? YES NO

Is the applicant's business currently an NSGA member? YES NO

If yes, for how long? _____

When did someone from the applicant's business last attend the NSGA Management Conference & Team Dealer Summit? Who attended most recently from your company?

Please list a local media contact or contacts to send a press release with the announcement:

Media outlet _____ Contact person (if available) _____

Contact information (email & phone number) _____

Please attach any additional information you wish to be considered by NSGA in making its determination as to eligibility.

I verify that I have answered the questions to the best of my ability and honestly. NSGA will not be held responsible for any questions answered inaccurately – intentionally or unintentionally.

Questions intentionally answered incorrectly could result in disqualification from the program.

The applicant has an obligation to inform NSGA of any changes or operation of its business that would lead to the applicant no longer meeting the criteria on the application form. Failure to inform NSGA of changes may lead to the withdrawal of the applicant company's verified independent dealer status.

Print Name _____ Date _____

Signature _____



NSGA VERIFIED INDEPENDENT DEALER PROGRAM REFERENCES

The applicant is required to provide six positive references that the company is doing business with. Three should be customers and/or consumers and three should be manufacturers. NSGA will conduct the reference checks.

CUSTOMER AND/OR CONSUMER

REFERENCE NO. 1

Name _____ Phone _____ Email _____

Relationship to Business _____

REFERENCE NO. 2

Name _____ Phone _____ Email _____

Relationship to Business _____

REFERENCE NO. 3

Name _____ Phone _____ Email _____

Relationship to Business _____

MANUFACTURERS

REFERENCE NO. 1

Name _____ Phone _____ Email _____

Business Name _____

REFERENCE NO. 2

Name _____ Phone _____ Email _____

Business Name _____

REFERENCE NO. 3

Name _____ Phone _____ Email _____

Business Name _____