



# NSGA VERIFIED INDEPENDENT DEALER PROGRAM APPLICATION

Owner Name \_\_\_\_\_

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ FAX \_\_\_\_\_

Business E-mail \_\_\_\_\_ Website address \_\_\_\_\_

Criteria you are applying for **MVP** **ALL-STAR**

Years your business has been in operation \_\_\_\_\_

Combined years of sales experience in your business \_\_\_\_\_

Annual revenue of your business \_\_\_\_\_

Is your business publicly traded or owned by stockholders (privately held or publicly traded)? **YES NO**

Is your business owned by an individual or family with a controlling interest in the business? **YES NO**

Has your business accepted outside financing which includes/requires a majority equity share in the business to provided to the company investing the funds? **YES NO**

Is your business a sole proprietorship company free from outside control? **YES NO**

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

Do you have a website promoting your business? **YES NO**

Can your website be used for e-commerce? **YES NO**



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Do you have an active use of social media to promote your business? **YES NO**

Do you have a process for addressing customer and/or vendor complaints? **YES NO**

Are you currently an NSGA member? **YES NO**

If yes, for how long? \_\_\_\_\_

When did you last attend the NSGA Management Conference & Team Dealer Summit?  
\_\_\_\_\_

If you are accepted as an NSGA Verified Independent Dealer, 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) \_\_\_\_\_

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.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



## NSGA VERIFIED INDEPENDENT DEALER PROGRAM REFERENCES

You are required to provide five positive references that you are doing business with. Three should be customers and/or consumers and two 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 \_\_\_\_\_