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Dealership Application Form

A. General Information

Prefix Mrs. Mr. Ms. Dr.

Applicant Name

Company Name

Current Business or Occupation

Address

City

State

Zip

Country

Telephone

Mobile Phone

Email

Company Website

B. Please answer the questions below

1. Please describe yourself, your company background and prior business experience.

2. What made you think about being an STISIM Drive™ dealer?

3. Have you ever been involved with a current or previous dealership? If yes, please describe.

4. How much do you know about the STISIM Drive™ driving simulator?

5. Where do you plan on establishing an STISIM Drive™ dealership?

6. What market areas and geographical regions do you plan to service as an STISIM Drive™ dealer?

7. Do you have existing or identified staff personnel for the dealership at this time?

8. Please provide three business references including email or telephone numbers.