

MARINE DEALER INTEREST FORM

Business Name:			
PERSONAL INFORMATION			
First Name:	Last Name:	Last Name: Alternate Phone:	
Phone:	Alternate Phone		
Best Time to Call:			
Personal Email:	Dealership Web	Dealership Website:	
Personal Address:			
Personal City:	Personal State:	Zip:	
DEALERSHIP INFORMATION			
Dealership Address:			
Dealership City:	Dealership State:	Zip:	
Why would you like to become a dealer of	Suzuki products?:		
How would you describe the key elements	of a successful business operation?:		
Please describe any business experiences	you have in the Marine business?:		
Do you currently own or operate a marine	business or sell other marine products?:		
What other brands do you currently carry a	nd their annual volume?:		
What is your annual advertising budget?:	What is your gross	dollar volume per year? :	
Do you utilize a computer based business/i	nventory management system. YES N	NO Program Name?:	
Have you ever owned or been involved with	n a Suzuki franchise before? If yes, pleas	e explain.:	
Have you ever had/have a franchise termin	ated? YES NO If yes, what and wl	hen?:	
Have you ever filed a legal claim against a	manufacturer/distributor? YES NO	If yes, what and when?:	
Do you have a current or proposed facility? size (Sq. ft), age of facility and last major re		ilding size (Sq. ft), service area size (Sq. ft), showroon	