



New Dealer Application Form

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Company Name: _____ Trading Since: _____

Business Address: _____

Address Line 2: _____ Postcode: _____

Telephone: _____ Email: _____

Mobile: _____ Website: _____

Company Status (Sole/LTD/P'Ship) _____

Do you use your own AFRL? : Y / N

AFRL ID Code: _____

Will you be using the Sinnis AFRL system to register your machines? Y / N

Number of Employees: _____ Do you have full time Technicians? Y / N

Please state days you are not open for deliveries: _____

Current Brands: _____

Average sales per month: _____ Showroom Capacity: _____

Personal Information:

Company Owner Names: _____ D.O.B: _____

Company Owner Names: _____ D.O.B: _____

Private Contact Details (If Sole Trader this must be completed):

Address: _____

Address (Cont): _____ Postcode: _____

Telephone: _____ Mobile: _____

Your Business Activity:

Please circle below the appropriate services that best describes your business activity:

New Business	Scooter Sales	Motorcycle Parts and accessories
Motorcycle Sales	Scooter Repairs	Other: _____
Motorcycle Repairs	Motorcycle MOTs	_____

Declaration:

PRINT NAME: _____

POSITION: _____

SIGNATURE: _____

DATE: _____

N.B: (Please provide any other information you think relevant to your application below)

Trade Reference 1: _____

Trade Reference 2: _____

Please provide two trade references along with a copy of photographic ID i.e. Driving licence or passport. We also require a utility bill connected the home address of the director of the company (where applicable). Without these we cannot proceed with your application. Please send these to the address below or email scanned copies to: applications@sinnis.co.uk