



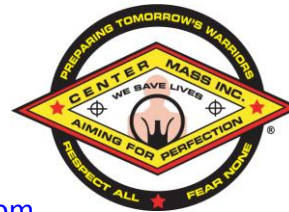
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DOMESTIC DEALER APPLICATION

(Instructions – This document must be completely filled out and signed by a company officer)

BUSINESS INFORMATION:

Name of business _____

Managers name _____

Address _____

Business Phone _____ Fax _____

Manager's cell phone _____

Business email _____

Web address _____

Tax ID # _____

State of incorporation _____

Years in business _____ Annual revenue _____

of employees: _____ D&B# _____

LOCATION: (check answers that apply)

Own Building Lease Building Online Home Office

OWNERSHIP INFORMATION: (Please check one)

Single proprietorship _____ Corporation _____ Partnership/LLC _____

How many people or entities own this company? _____

Please provide each owners name and contact information. If additional pages are required, please provide them.

Owner's name _____

Address _____

Phone _____ Email _____

Owner's name _____

Address _____

Phone _____ Email _____

OTHER BUSINESSES:

Do the owners have interest positions in other related businesses? If yes, please provide the business name(s) and address of those businesses:

DISCLAIMER: By filing this application out, and submitting it to CMI, does not guarantee that your company will be granted a CMI dealership. CMI reserve the right to accept or deny dealership applications based solely on the needs of CMI.