



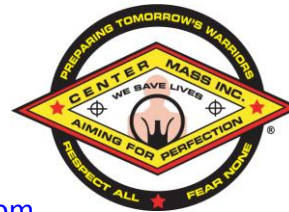
## Center Mass<sup>®</sup>, Inc.

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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.