

Rockster North America Inc.

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PROSPECTIVE ROCKSTER DEALER APPLICATION FORM

Company Name _____ Year Business started _____

Name of Applicant _____

Your title in the company _____ Tax ID.Number _____

Address _____

City _____ State _____ Zip _____ Country _____

Type of Business _____ Phone No. _____

Email Address _____

Website _____

If Partnership, or Corporation, Give names of partners or officers and addresses.

Individual Owner _____

Partnership _____

Corporation _____

Your current primary business and brand, and secondary if any

Your most active regions

Why do you feel you are qualified to own Rockster dealership?

Date _____ 20 _____

Prospective Dealer _____

Signature _____

