

# HANKOOK ONE PROGRAM SECONDARY ENROLLMENT APPLICATION

Please print clearly so the distributor can enter your enrollment accurately. All fields are **required** for enrollment into the Hankook ONE Associate Dealer Program and dealer will have a chance to confirm their information upon signed the enrollment agreement electronically via an email received upon distributor completing the form online. Please ensure you add [no-reply@hankookone.com](mailto:no-reply@hankookone.com) and [hankookone@channel-fusion.com](mailto:hankookone@channel-fusion.com) to your safe senders list and if you haven't received your enrollment email within 48 hours upon completing this form, please first reach out to your distributor to confirm your request has been entered and your email has been entered correctly. If all info is correct, please confirm your spam/junk filter prior to reaching out to our support team at 855-324-3655. If there are multiple locations, please ensure all locations are listed below and are associated with the Same Owner/Tax ID.

**STEP 1: ASSOCIATE DEALER INFORMATION (REQUIRED)** *\*\*PLEASE COMPLETE IN FULL\*\**

ONE Dealer A#

Dealer Name

### Dealer Physical Address

City, State, Zip code

Phone Number:

Fax Number:

Dealer Contact (First, Last Name):

Dealer Email Address:

Dealer Website (URL)

Dealer Federal Tax ID #

## Child Dealer Locations

- ☐ YES (please provide location details below)
- ☐ NO (please skip to the Mailing Address)

**\*\*If there are more than 20 locations associated with this account, please reach out to your Hankook Territory Manager for review and approval\*\***

### Children location details

[illegible]

**Mailing Address (check here if same as physical address) ☐**

Dealer Mailing Address:

City, State, Zip code:



**HANKOOK TIRE AMERICA CORP.**  
333 Commerce Street, Suite 600  
Nashville, Tennessee 37201, USA  
Tel: 615-432-0700 Fax: 615-242-8709  
[hankooktire.com/us](http://hankooktire.com/us)



## STEP 2: SALES OBJECTIVES & PREMIUM LINES

Monthly Sales Volume		How many locations?	
% Hankook Monthly		How many bays at each location?	
Online Sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Mobile Install Fleet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shipping Tires?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many Mobile Fleet Vehicles?	

QTR	Unit Sales Objectives
<input type="checkbox"/> SILVER	80-124 / QTR
<input type="checkbox"/> GOLD	125-299 / QTR
<input type="checkbox"/> PLATINUM	300-449 / QTR
<input type="checkbox"/> DIAMOND	> 450 / QTR

Requested Enrollment Date:

## STEP 3: SECONDARY DISTRIBUTOR INFORMATION \*\*PLEASE COMPLETE IN FULL BY DISTRIBUTOR ONLY\*\*

Hankook Account # \_\_\_\_\_

Distributor Name \_\_\_\_\_

Distributor Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Distributor Salesperson \_\_\_\_\_

Distributor Email \_\_\_\_\_

## PROGRAM AGREEMENT

As a participating Hankook ONE Dealer, I understand that my involvement with the Hankook ONE Program is subject to the complete terms and conditions of the program set for at [hankookone.com](http://hankookone.com). I understand that I am agreeing to make the distributor listed on this form my Secondary distributor and I will use them for no more than 20% of my Hankook ONE purchases and any purchases over 20% from my Secondary will not qualify for payment. I understand that I will be sent an email confirmation where I will confirm my enrollment via electronic signature and approval is pending the Hankook Territory Managers review. I agree that I cannot change this secondary distributor for a minimum of one (1) year at time of initial enrollment and can only change for a qualifying event, as defined in the terms and conditions. If established conditions which are set by Hankook are met annually, I understand this agreement will be automatically renewed for one (1) calendar year. I understand my location will be responsible for keeping a record of all units sold (Invoices) and description of products for my location(s). I agree to the annual sales targets/objectives and must inventory Hankook Branded Product lines with the option to carry Laufenn. I understand I may be terminated from the program for failure to meet annual requirements or adhere to the Hankook MAP Policy. I understand my distributor location will be responsible for reporting all units and description of products for the Associate Dealer location(s) named in this agreement by announced deadlines. I understand those terms and conditions permit Hankook, in its sole discretion, to cancel, add, delete, terminate, discontinue, or modify the Hankook ONE Program, and my involvement in that program, or any element of the Hankook ONE program including without limitation any of the terms, conditions, rules, awards, award levels, or any other element of the program at any time without prior notice.

Please sign electronically via [hankookone.com](http://hankookone.com) upon  
email receipt

Associate Dealer Authorized Signature

Please sign electronically via [hankookone.com](http://hankookone.com)

Distributor Principle/Manager Signature

**\*\*Distributor must keep a completed copy of this on file for audit purposes\*\***