

NEW DISTRIBUTOR SALES REP ENROLLMENT FORM

Distributor Sales Rep must complete all required information on this Enrollment Form to be approved for the Mastercraft® Century TireScore Program. All of the information marked with an asterisk is required. Your enrollment will not be processed by your program administrator without the required information. Please ensure valid information is submitted to ensure successful program entry.

Once complete, please scan & email to Program Headquarters at: mastercraftcentury@coopertire.com

DISTRIBUTOR SALES REP INFORMATION

*Sales Representative Legal Name:

(Payments in the program will be made in this name)

*Email address:

*City: *State: *ZIP Code:

*Mobile Phone: - -

PAYMENT METHOD

Provide your information to receive your taxable earnings via a reloadable card. Participant will be contacted directly, to provide personal information in order to receive their card.

PROGRAM ENROLLMENT

Distributor Mastercraft® SAP#:

Note: If you do not know your Mastercraft® SAP warehouse number please contact your Program Administrator or Mastercraft Tires Territory Manager.

*Distributor City: *Distributor State:

The undersigned Distributor Sales Rep here by makes application for enrollment in Century Program (Program), Pursuant To the Program's Terms and Conditions, a copy of which is available from the Program Administrator and available on the Program website. Distributor Sales Rep acknowledged that it has read, understands and agrees to abide by the Program's Terms and Conditions. Distributor Sales Rep understands and agrees that it will not be a participant in the Program until all approvals are provided. Distributor Sales Rep's continued participation in the Program shall be in accordance with the Terms and Conditions of the Program.

Acknowledged and Agreed to:

*Distributor Sales Rep Signature: _____ Title: _____