

Please print clearly. All fields are required for enrollment into the Hankook ONE Associate Dealer Program.

**ASSOCIATE DEALER INFORMATION (REQUIRED)**

ONE Dealer Account No. \_\_\_\_\_ ONE Dealer Name \_\_\_\_\_  
 Dealer Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Contact Person's Name \_\_\_\_\_  
 Email Address \_\_\_\_\_

**SECONDARY DISTRIBUTOR INFORMATION (REQUIRED)**

Hankook Account No. \_\_\_\_\_ Distributor Name \_\_\_\_\_  
 Distributor Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Contact Person's Name \_\_\_\_\_  
 Email Address \_\_\_\_\_

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 ONE 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 ONE program for failure to meet annual requirements or adhere to any relevant Hankook Policy or rule. I understand my secondary distributor location will be responsible for reporting all units and description of products for the ONE 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 the ONE 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 ONE program at any time without prior notice.

\_\_\_\_\_  
 Associate Dealer Authorized (Signature)  
 \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Secondary Distributor Principal/Manager (Signature)  
 \_\_\_\_\_  
 Secondary Distributor Principal/Manager (Print Name)  
 \_\_\_\_\_  
 Date

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

**Hankook Tire America Corp. USE ONLY:**

HQ Received Date: \_\_\_\_\_ Enrollment Date \_\_\_\_\_  
 Hankook Account Manager \_\_\_\_\_ Secondart Enrolled QTR \_\_\_\_\_  
 Date \_\_\_\_\_ Secondary Enrollment YR \_\_\_\_\_  
 Associate Dealer Account Number \_\_\_\_\_