

NEW DEALER ENROLLMENT FORM

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

Program Administrators: Once complete, please submit all details online at MastercraftCentury.com in the Enrollment Tab.
If the dealer has opted for the Direct Deposit payment option, please ensure to upload a copy of their VOIDED check for validation.
The voided check must be scanned and uploaded in order to be validated.

Distributor Sales Rep First Name:

Distributor Sales Rep Last Name:

DEALER INFORMATION

*Dealer Owner First Name:

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

*Dealer Owner Last Name:

Email address:

Mobile Phone: - -

PAYMENT METHOD

Please select your preferred payment option. Check **ONE** option:

☐ **Reloadable Card** (must provide personal information for dealer contact to receive card)

*DOB (YYYY/MM/DD) / / *Social Security Number - -

☐ **Direct Deposit** (must provide business banking information)

*Name on Bank Account (company name)

*Federal tax Identification

*Phone Number on Bank Account - -

*Bank Account Number (4-20 characters)

*Bank Routing Number (4-20 characters)

*Account Type? ☐ Checking ☐ Savings

IMPORTANT: Dealer must provide a VOIDED check corresponding to this bank account information for validation.

STORE INFORMATION

Important Note: As a Mastercraft® Century Dealer you will automatically be listed on the Mastercraft® Tire dealer locator system at MastercraftTires.com. It is important that you enter the correct **store address** information on this form to ensure your location is listed accurately on the locator and to receive all the appropriate program materials once approved in the Mastercraft® Century Program.

*Business Name:

*Physical Store Address:

*City: *State: *ZIP Code:
(County will be determined by ZIP Code)

*Store Phone Number:

Store Fax: *Dealer Incorporated? ☐ Yes ☐ No
Please note, you will be contacted to provide W9 information if you select "No"

Alternative Mailing Address (If the dealer must receive mail sent to a different address enter the preferred mailing address below):

Preferred Mailing Address:

City: State: ZIP Code:

PROGRAM ENROLLMENT

If you want to consolidate earnings for Multiple locations please use the same e-mail as the existing dealer location account.

Primary Distributor Business Name:

Distributor Sales Rep First Name:

Distributor Sales Rep Last Name:

Date of Enrollment (YYYY/MM/DD): / /

Do you already have a store signed up for this Mastercraft Century Program? ☐ Yes ☐ No

If "Yes" to the above, please indicate the Dealer ID Number for your existing store:

*Contract Tier: (YTD Unit Requirement) Please select only **ONE**

☐ Tier 1 ☐ Tier 2 ☐ Tier 3 ☐ Tier 4 ☐ Tier 5

*Will Mastercraft® units be replacing an existing line in dealer products screen? ☐ Yes ☐ No

If "Yes" to the above, what brand is being replaced?

*How often do you deliver to your customers?

☐ More than twice a day ☐ Daily ☐ Twice a week ☐ Weekly

The undersigned dealer hereby makes application for enrollment in Mastercraft® Century program, Pursuant To the Program's Terms and Conditions, a copy of which is available from the Distributor Sales Representative. Dealer acknowledged that it has read, understands and agrees to abide by the Program's Terms and Conditions. Dealer understands and agrees that it will not be a participant in the Program until all approvals are provided. Dealer's continued participation in the Program shall be in accordance with the Terms and Conditions of the Program, which are available online for review.

Acknowledged and Agreed to: *Dealer Signature: _____ Title: _____ Date: _____

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