Komfort Kruz LLC
Authorized Dealer Application
dba Trigg Trikes
7432 Hopkinsville Road
P.O. Box 344
Cadiz, KY 42211

Form must be completed, signed and mailed to Trigg Trikes and to Distributor

Applicant must submit with Application:
Copy of Tax ID or Sales Tax Certificate
Copy of Current Business License
Copy of Product Liability Insurance
Copy of Federal EIN
Picture of Storefront, Sign, & Interior (If Applicable)

DEALER APPLICATION

Company Name	
Contact Name	
Billing Address	
Physical Address	
City, State Zip	
Telephone	
Fax	
Website	
Email Address	

Do you plan to purchase Trigg Trike products direct from Trigg Trikes or a Distributor.
If a distributor, from which distributor do you plan to purchase products? _____
_____

How do you plan to sell Trigg Trike products (Check all that apply):

☐ **Retail Store**
☐ **Internet**
☐ **Events/Rallies/Shows**
☐ **Other (Please List) _____**

How do you plan to promote Trigg Trike products: _____

_____

Dealers must have appropriate equipment, an adequate facility, and be capable to install Trigg Trike kits. Are you capable of meeting these requirements? _____

Length of Time in Business:		**Number of Employees:**	
Number of Locations:		**Number of Customers:**	
Average yearly Revenue:		**Experience with Similar Products:**	

By signing below, you certify that you have read and understand Trigg Trikes Authorized Dealer Policy, will provide quality consumer service and support, and will abide by Trigg Trikes guidelines. Also, by signing, you verify that the information supplied in this application is true and correct.

Signature: _____ **Date: _____**
Print Name: _____ **Title: _____**