



Dealer Application

First Name: _____ Last Name: _____

Shipping Address:

Street: _____

City: _____ Zip/Postal Code: _____

Mailing Address (if different from above):

Street: _____

City: _____ Zip/Postal Code: _____

Telephone: Home _____ Mobile _____

I plan to: (check one)

- Work full-time as a Nu-Trax Dealer
- Work part-time as a Nu-Trax Dealer
- Start out part-time but build into a full-time Nu-Trax business

My preferred method of payment for equipment and/or supplies is:

- Cash/wire transfer
- Personal check (checks payable to Int'l. Tire Repair Solutions Inc.)
- Company check (checks payable to Int'l. Tire Repair Solutions Inc.)
- Visa: Nbr.: _____ Expiry: ____ / ____
- Mastercard: Nbr.: _____ Expiry: ____ / ____
- I agree to the terms and conditions outlined in the Dealer Agreement

Signature: _____ Date: _____

Please fax your completed application to : +1 (604) 444-1060