



Rampit USA

Dealer Application

Version 03.21

Business name:		Today's date:
Business address:		
Website URL:	Veteran owned status: <input type="checkbox"/> SDVOSB <input type="checkbox"/> VOSB <input type="checkbox"/> None	
Applicant name :		Phone:
Email:	Are you the business owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, business owner name:		
Phone:	Email:	
Which of the following best describes your business? <input type="checkbox"/> Franchise <input type="checkbox"/> Store <input type="checkbox"/> Dealer <input type="checkbox"/> Repair <input type="checkbox"/> Other: _____		
Do you currently sell handicap access ramps? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what brand(s)? _____	
What type(s) of ramp are you interested in selling for Rampit USA? <input type="checkbox"/> Residential Ramps <input type="checkbox"/> Commercial Ramps <input type="checkbox"/> Portable Ramps		

Business References

Business name:		City, State:
Contact name:		Position:
Phone:	Email:	
Business name:		City, State:
Contact name:		Position:
Phone:	Email:	
Business name:		City, State:
Contact name:		Position:
Phone:	Email:	

Please sign below indicating that the information provided above is true and accurate to the best of your knowledge. Return completed application to Rampit USA by mail, fax, or email at **dealers@rampitusa.com**.

Business owner signature _____ **Date** _____