



NEW DEALER ENROLLMENT FORM

Dealer must complete all required information on this Enrollment Form to be approved for the Cooper Medallion program. All of the information marked with an asterisk is required. Your enrollment will not be processed by your distributor without the required information.

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

Distributor Sales Rep First Name:

Distributor Sales Rep Last Name:

Dealer Information

*Dealer Principal (Owner) First Name:
 (Payments in the program will be made in this name)

*Dealer Principal (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 or first & last 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 VOID check corresponding to this bank account information for validation.

Store Information

Important Note: As a Cooper Medallion Dealer you will automatically be listed on the Cooper Tire dealer locator system at CooperTire.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 Medallion 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 need to register multiple locations for the same Dealer you must fill out a separate New Dealer Enrollment Form for each. If you want to consolidate earnings for Multiple locations please call our Program Headquarters at 1-888-209-8130

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 Cooper Medallion Program? Yes No

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

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

Gold (300) Sapphire (800) Platinum (1,800) Diamond (2,800) Emerald (4,000)

*Will Cooper 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

Is the Dealership being registered as a NIADA member? Yes No

If "Yes" to the above, provide dealer's NIADA Member number:

The undersigned dealer hereby makes application for enrollment in Medallion Program (Program), Pursuant To the Program's Terms and Conditions, a copy of which is available for 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.

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