



Dealership Request Form



Applicant Information

Store Name:

Business Type: Wholesaler Retailer After-sales Service Other: _____

Year of Establishment:

Full Name:

National ID:

Full Address:

Email:

Phone:

Mobile Phone:

Business Information

Experience in the automotive parts industry: 3 years 3-7 years 7-15 years Over 15 years

Brands available in the store:

Store/Warehouse area (m²):

Ownership status of the requested location: Owner Leasehold Partnership Rental

Official Licenses: Business License Other: _____

Location accessibility

(main street, city exit): Main street Side street City center City entrance City exit Suburban

Geographical location of the property: City center North South West East

Adjacent businesses: Auto repair & services Parts sales Car sales Residential Other

Dealership Request

Coverage Area:

Financial capacity for initial investment:

Less than 3,000 USD 3,000-7,000 USD 7,000 - 15,000 USD Over 15,000 USD

Attached Documents:

Copy of Business License Copy of National ID Photo of Store Other: _____

Commitments

The applicant confirms that all provided information is accurate and accepts legal responsibility in case of violation.

Applicant's Signature & Seal: _____ Date: _____