



RED ENROLLMENT APPLICATION

We're excited about your interest in the Radar Red Program! Unlock exclusive opportunities and benefits by completing the application below for consideration. We look forward to welcoming you to our network!

Dealer Information

*Dealer Legal Name		DBA / Trade Name (If Applicable)	
*Dealer Physical Address	City	State	Zip Code
Dealer Mailing Address	City	State	Zip Code
*Telephone #	Fax #	*Email Address	
*Contact Person			
Website Address		<input type="checkbox"/> Dealer has additional retail locations to enroll other than listed above	

Primary Distributor Information

Distributor	Distributor DC
Distributor Salesperson	Email Address

Enrollment Agreements, Authorizations, and Signature of Applicant

As a participating Radar Red Program Dealer, I acknowledge that my involvement in the program is subject to its full Terms and Conditions, available at radardealer.com. Radar Tires reserves the right to modify, suspend, or terminate any aspect of the program, including my participation, at its sole discretion and without prior notice.

Associate Dealer Authorized Signature

Print Name

Date

Distributor Principal / Manager Signature

Distributor Salesperson Signature

Date

