Secondary Distributor Enrollment Form

Please complete this form to add one or more secondary distributors to your program distributor selections. Please contact your local Pirelli sales representative for a complete list of participating distributors.

Dealer Name _____

Address _____

City _____

State _____

ZIP Code _____

Owner/Principal Name _____

Email Address _____

Phone Number _____

Secondary Distributor #1 _____

Secondary Distributor #2 _____

Secondary Distributor #3 _____

Secondary Distributor #4 _____

Secondary Distributor #5 _____

_____ _____

Owner/Principal Signature Date

Please email a completed copy of this form to Performance.Program@Pirelli.com to complete your request. Secondary distributors will become active during the calendar quarter in which the request is submitted and processed.