Distributor Switch Request Form

Please fill out the form below to request a change to your program distributor selections. Please provide a detailed explanation for why you are requesting a change from your current distributor selections.

Dealer Name _____

Address _____

City _____

State _____

ZIP Code _____

Owner/Principal Name _____

Email Address _____

Phone Number _____

Current Primary Distributor _____

Current Secondary Distributor _____

New Primary Distributor _____

New Secondary Distributor _____

Reason for switch:

_____

_____

_____

_____

_____

Distributor switch requests are at the discretion of Pirelli. Upon completing this form, dealer and distributors will be notified within 30 days of approval/denial of switch request. If approved, switch will become effective January 1st of the following year. **Please email a photo or scan of this completed form to *Performance.Program@Pirelli.com* for consideration.** You will be notified via email with the status of your request.

_____ _____

Owner/Principal Signature Date