

Dealer Discount Program Enrollment Form



Fill out all information and return to:
NYTRO, Inc.
PO Box 2
Macedon NY 14502

Business Name: _____

Address: _____

Phone: _____ Fax: _____ 800#: _____

Website: _____

Email: _____

Owner: _____

Store Manager: _____

Sales Manager: _____

Service Manager: _____

Business Hours: M _____ T _____ W _____ T _____ F _____ S _____ S _____

Brands Serviced: Arctic Cat Honda Kawasaki KTM Polaris Suzuki Yamaha

Name other brands here: _____

Type and amount of discount offered to NYTRO membership:

New Vehicle Purchase: _____%

Used Vehicle Purchase: _____%

Parts (in stock): _____%

Parts (special order): _____%

Accessories: _____%

Service: _____%

Minimum Purchase to obtain a discount (if any): \$ _____

If supplied to you, would you be willing to distribute NYTRO information to your customers?

YES NO

Would you like to advertise in the monthly NYTRO newsletter?

- 2" x 3.5" ad (\$25/yr)
- 1/2 page ad (\$50/yr)
- Full page ad (\$100/yr)
- Not at this time

Thank you in advance for providing this service to our members.

Complete and mail to:
NYTRO Inc., PO Box 2, Macedon, NY 14502