

PLEASE COMPLETE ALL FIELDS ON THIS FORM AND EMAIL TO AMANDA: akwan@absoluteresults.com

DEALER INFORMATION

Name of Dealership	
Address	
City	
County/Province	
Postcode	
Country	
Telephone Number	
Website:	
LMCT/ MD Number	
ABN Number	
DMS Name	
Number of Sales reps	
Brands	

Tech Campaign Leads

Emails Sent From	
Web/Tech Leads	

MANAGER CONTACT INFORMATION

First & Last Name	Title/Position	E-mail Address	Telephone

Who is the Primary contact for this event? _____

Whose name would you like to use in the invitation and on the return address? _____

SALES EXECUTIVE INFORMATION

First & Last Name	E-mail Address	Telephone

Please provide the name and email address of the person in your accounting department who will receive a copy of the invoice: _____

COMMENTS

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THANK YOU FOR COMPLETING THIS FORM AND HAVE A FANTASTIC SALES EVENT!