

XeMODeX Inc.

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Partnership Program Application Form

Company Name: _____

Address: _____

City, Province/State: _____

Country: _____

Tel: _____ Fax: _____

Contact Name: _____ E-mail: _____

Business Type: Dealership? Franchise? Independent?

Vehicle brand your company specializes in?

Audi, BMW, Jaguar, Saab, Volkswagen, Volvo.

PO Required? Yes No Credit Account Needed? Yes No

Is your facility equipped to code, program or download software Yes No

Do you wish to stock our products in your inventory? Yes No

Please estimate, how many of our products you can sell per month? _____ Units

Would you like your company to be listed on our website? Yes No

Questions/Comments _____

Please fax completed form to Fax: 905-712-2526

Or e-mail it sales@xemodex.com