



**mazda**

**Fleet-Minded Dealer Enrollment Form**

**Dealer Code:** \_\_\_\_\_

**Dealer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Contact Name(s):** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Please indicate your interest as a fleet-minded dealer by checking all of the following that applies:

\_\_\_\_\_ Yes, I am willing to be a fleet-minded dealer, encompassing all aspects of the fleet operations including sales, service and courtesy delivery.

\_\_\_\_\_ Yes, I will perform rental deliveries as prescribed in the attached letter.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

**Please fax this form to (949) 727-6474.**