



**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 back to (949) 727-6474.**