



NEXEN TIRE

Welcome to the Next Level Program!

To enroll in the program, please complete the following steps below:

- ✓ Complete the Enrollment Agreement form with an authorized Nexen Tire Distributor/Wholesaler.
- ✓ Retrieve your Next Level PIN and Password via email.
- ✓ Log-on to the Next Level website (www.nexentirenextlevel.com) to upload a signed and dated W9 form, and agree to the Terms and Conditions of the program. The W9 that is provided will be validated with the IRS. Please ensure the accuracy of the document to expedite the process.
- ✓ Once the W9 is validated and you have agreed to the Terms and Conditions, your account is officially verified.

Now take your business to the **NEXT LEVEL!**



DEALER PROGRAM

As a participating Nexen Tire America Next Level Dealer, I understand that my involvement with the Nexen Tire America Next Level Incentive Program (hereinafter referred to as “Incentive Program”) is conditional in nature and subject to the complete terms and conditions of the Incentive Program set forth at nexennextlevel.com.

I understand that those Terms and Conditions permit NTA, at its sole discretion, to cancel, add, delete, terminate, discontinue or otherwise modify the Incentive Program; and my involvement in the Incentive Program, or any element of the Incentive Program including, without limitation, any of the terms, conditions, rules, awards, award levels, or any other element of the Incentive Program at any time, without prior notice.

Dealer Company Name: _____

Dealer Authorized Signature: _____

Individual Signatory Printed Name: _____

Date: _____

As an authorized NTA Distributor, I also recognize and agree to the terms outlined above with regard to the Incentive Program. Furthermore, I stipulate that the individual receiving any benefit from the Incentive Program is, to the best of my reasonable knowledge, authorized to receive the same.

Distributor PIN #: _____

Distributor Authorized Signature: _____

Individual Signatory Printed Name: _____

Date: _____



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NEXT LEVEL PROGRAM ENROLLMENT FORM



Dealer Information

Dealer Name: _____

Dealer Address: _____

Federal Tax ID Number: _____

Phone Number: _____

Fax Number: _____

Contact Person's Name: _____

Email Address: _____

Annual Volume Bonus

Check one box of expected units to be purchased annually:

<input type="checkbox"/> 400-799 Units	<input type="checkbox"/> 800-1,399	<input type="checkbox"/> 1,400-1,999	<input type="checkbox"/> 2,000-2,999	<input type="checkbox"/> 3,000+
\$1	\$2	\$3	\$4	\$5

Primary Distributor Information

Nexen Account Number: _____

Distributor Name: _____

Distributor Address: _____

Phone Number: _____

Fax Number: _____

Distributor Salesperson: _____

Email Address: _____

Primary Distributor Information

As a participating Nexen Next Level Dealer, I understand that my involvement with the Nexen Next Level Incentive program is subject to the complete terms and conditions of the program set forth at nexennextlevel.com. I understand that those terms and conditions permit Nexen, in its sole discretion, to cancel, add, delete, terminate, discontinue or modify the Incentive Program, and my involvement in that program, or any element of the Incentive Program including without limitation any of the terms, conditions, rules, awards, award levels, or any other element of the Incentive Program at any time without prior notice.

Dealer Authorized Signature	Distributor Salesperson Signature	Nexen RSM/RSD Signature
_____	_____	_____
Print Name	Print Name	Print Name
_____	_____	_____
Date	Date	Date
_____	_____	_____

Direct Deposit Agreement Form

Next Level Pin #: _____

Authorization Agreement

I hereby authorize Nexen Tire America, Inc./Phalanx Data to initiate automatic deposits to my account at the financial institute named below.

Further, I agree not to hold Nexen Tire America, Inc./Phalanx Data responsible for any delay or loss of funds due to incorrect or incomplete information supplied to me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Nexen Tire America, Inc. receives a written notice of cancellation from me or my financial institution.

Account Information

Name of Next Level Dealer: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Signature

Authorized Signature (Primary): _____

Authorized Signature (Joint): _____

Please attach a voided check and return this form to Nexen Tire America, Inc. (Attention: Next Level Associate Dealer Program Administrator)

Nexen Tire America, Inc.
21073 Pathfinder Road
Suite #100
Diamond Bar, CA 91765