NEXEN TIRE

NEXT LEVEL
DEALER PROGRAM

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:

☐ 320-799 Units	☐ 800-1,399	☐ 1,400-1,999	☐ 2,000-2,999	☐ 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: _____

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 NexenTireNextLevel.com. I understand that those Terms and Conditions permit Nexen, 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.

Distributor Salesperson Signature

Print Name

Date

Nexen TAM/KAM Signature

Print Name

Date

Nexen Tire America, Inc.

www.NexenTireNextLevel.com