

ASSOCIATE DEALER INFORMATION

Each Associate Dealer Location must have a separate enrollment form.
Please attach a photograph for each location.

Dealer Name: _____

DBA Name: _____

Dealer Contact Name: _____

Federal Tax ID Number: _____

Dealer Store Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Primary Maxxis Tires Distributor: _____

Contact Name: _____

Phone: _____

Email Address: _____

Secondary Maxxis Tires Distributor: _____

Contact Name: _____

Phone: _____

Email Address: _____

Once this information is completed by your primary distributor your account will be set up in the Maxxis Accelerate system and will receive an email with your login credentials. Please be sure to update your username and password. You will be required to e-sign the dealer agreement at that time. A minimum order of 8 tires is required for enrollment in the Accelerate Program. Once you have met the 1st tier order minimum of 24 units and 50.00 in rewards has been earned, your Maxxis Accelerate Rewards Card will be issued.

maxxisaccelerate.com