



**MARYLAND/DELAWARE
INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION
VENDOR SERVICES APPLICATION**

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT(S) AT COMPANY: _____

CONTACT NUMBER: Tel: (____) ____-____ Fax: (____) ____-____
Cell: (____) ____-____ E-mail: _____
Web Site: _____

DESCRIPTION OF BENEFIT: _____

BENEFIT TO MEMBERS: _____

- INTERESTED IN: Coupon Booklet Hosting Seminars
 Advertising in Newsletter Provide Association Education
 Royalty Pay to Association Association Membership

BENEFIT TO STATE ASSOCIATION: _____

COST OF BENEFIT TO MEMBER: _____

COST OF BENEFIT TO NON-MEMBER (Subject to Approval by Association) _____

LICENSED TO DO BUSINESS IN: MD? Yes ____ No ____ DE? Yes ____ No ____
(Out-of-State Corporations must provide "Foreign Corporation Qualification" form.)

12 FRANCIS STREET, ANNAPOLIS, MD 21401
ANNAPOLIS 410-263-7882 · Baltimore 410-269-4237 · DC 301-261-1212 · FAX 410-269-7523
EMAIL: gmanis@maniscanning.com

Association has sole discretion for approving Vendor qualifications.