



APPLICATION TO JOIN THE MAZDA APPROVED COLLISION REPAIRER NETWORK



Company name:

Trading name (if different from above):

Company representative and position:

Postal address: Postal code:

Street address: Postal code:

Phone: Fax: Mobile:.....

Company contact email address:.....

Accounts contact email address:.....

Website:

Full name of Directors or Partners: 1.

2.

3.

Names of staff that have completed and passed the I-CAR NZ Mazda Collision Repair Programme course:

1. Course date:

2. Course date:

3. Course date:

4. Course date:

Would you like to purchase a 'Mazda Authorised Collision Repair Centre' sign at a cost of \$70.00 + GST per sign? YES/NO Please indicate quantity

- I/we apply to join the Mazda Approved Collision Repairer Network.
- I/we confirm that the applicant business's current status is Structural Repair Centre and fully complies with all the SRC criteria. I further agree that if this status is lost I/we will relinquish the Mazda signage along with the SRC signage.
- I/we hereby agree to facilitate body repairs on Mazda vehicles using only the manufacturers recommended repair method which can be found at www.mazdamanuals.com.au.
- I/we hereby agree to facilitate the use of genuine parts whenever possible.
- I/we hereby agree to only display the sanctioned Mazda recommended logo in the format provided to us and following the rules by which this is to be displayed.
- I/we hereby agree to have at least 1 employee up to date with I-CAR NZ Mazda course training.
- I/we declare that the information supplied in this application is correct.
- I/we authorise the Collision Repair Association/Mazda NZ to obtain any information relevant to my application for appointment (under the Official Information Act 1982 and the Privacy Act 1993).

.....
 Name of applicant – must be director/owner of company (please print)

.....
 Signature of applicant

.....
 Position in company

.....
 Date

Once this form is completed either:

EMAIL: **info@collisionrepair.co.nz**

MAIL: **NZ Collision Repair Association**
PO Box 9208
Waikato Mail Centre
HAMILTON 3240

FAX: **07-8470217**