



APPLICATION TO JOIN THE MITSUBISHI AUTHORISED 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 the I-CAR NZ Mitsubishi Collision Repair Programme course:

1. Course date:

2. Course date:

3. Course date:

4. Course date:

Number of staff employed:

Do you have relief vehicles available for customers to use? YES/NO (Regardless of whether you charge or not)

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

- I/we apply to join the Mitsubishi Authorised Repairer Network.
- I/we confirm that the applicant business's current status is Licensed Collision Repairer, and fully complies with all Licensed Collision Repairer criteria. I further agree that if CRA Licensed Collision Repairer status is lost then Mitsubishi Authorised Collision Repairer status is similarly relinquished. As such all Mitsubishi Authorised Collision Repairer and CRA Licensed Collision Repairer signage and associated material must be removed.
- I/we hereby agree to support and participate in customer and market surveys from time to time and as directed by Mitsubishi New Zealand.
- I/we hereby agree to support and facilitate the use of Mitsubishi genuine parts whenever possible.
- I/we hereby agree to only display the sanctioned Mitsubishi approved logo and signage in the format provided and approved by Mitsubishi New Zealand 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 Mitsubishi course training.
- I/we declare that the information supplied in this application is correct.
- I/we authorise the Collision Repair Association/Mitsubishi New Zealand 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**