



**APPLICATION TO JOIN THE  
SUZUKI AUTHORISED COLLISION  
REPAIRER NETWORK FOR  
LICENSED COLLISION REPAIRERS**



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 Suzuki Collision Repair Programme course.

1. .... Course date: .....

2. .... Course date: .....

3. .... Course date: .....

4. .... Course date: .....

Number of staff employed: .....

Please confirm that you own an inverter spot welder? YES/NO

Would you like to purchase a 'Suzuki 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 Suzuki Authorised Collision Repairer Network.
- I/we confirm that the applicant business's current status is Licensed Collision Repairer and fully complies with all the Licensed Collision Repairer criteria. I further agree that if this status is lost I/we will relinquish the Suzuki signage along with the Licensed Collision Repairer signage.
- I/we hereby agree to facilitate the use of genuine parts whenever possible.
- I/we hereby agree to only display the sanctioned Suzuki 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 Suzuki course training.
- I/we declare that the information supplied in this application is correct.
- I/we authorise the Collision Repair Association/Suzuki 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**