



Dealership Authorization Request

Please complete the following form information. By submitting this form, you will provide us the information needed to review your business and determine eligibility for partnership. Once approved you will gain access to exclusive products, pricing and support as an authorized dealer. Please complete all sections thoroughly to ensure timely processing of your application. Once submitted, a member of our team will review your information and reach out to you with the next steps.

First Name

Last Name

Email

Phone

Business Name

Business Website

Street Address

Address Line 2

City

State

ZIP / Postal Code

Country

What Other Trailer Brands Does Your Company Carry?

How Did You Hear About BND Trailers?

Additional Comments Or Questions

[Send My Request](#)