

Dealer Personal Use Program

1	of		company, cer	tify that I am going
to use this Eco	oer system in my own hoi am to purchase an Ecoer	ne for personal use	. I hereby understa	and that I will not
Dealer Inform	nation			
Name:				
Address:				
City:		State:		_
Zip Code:				
Phone Number	er:			
Company:				
Dealer Signat	ure			
<u>Distributor In</u>	formation_			
Distributor: _				
Representativ	ve's Name:			
Distributor's 9	Signature:			

Distributors please send this document, a copy of the invoice, and request for credit to sales@ecoer.com. Please copy your sales manager AJ Kanyan or Rick Warner on these transactions:

Aj.kanyan@ecoer.com

Rick.warner@ecoer.com