



Dealer Demo Program

DEALER INFORMATION

Dealer/Store Name _____ Primary Contact _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____ Website _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____ Vin (Last 8) _____

PRODUCT

PART

Front Bumper

Rear Bumper

Grille Guard

Headache Rack

I certify that the above mentioned vehicle is for company use and will be displayed at our retail address for the purpose of displaying Roughneck products. I will provide Roughneck / BMC Truck with photos of the vehicle upon installation.

Signature: _____ Date: ____/____/____

Roughneck Authorization: _____ Date: ____/____/____

Please email the completed form to marketing@bmctruck.com
or call us at 1-800-365-8610 for any questions.