

Request Received: \_\_\_\_\_ Request Submitted: \_\_\_\_\_ Event Date: \_\_\_\_\_

## ADVERTISING PARTNERSHIP REQUEST FORM

When applying, please submit this form and a current W-9, plus any promotional material pertaining to your organization or cause to:

**Haselwood Auto Group  
Marketing Department  
1100 Oyster Bay Ave S.  
Bremerton, WA 98312**

**Phone: (360) 473-1350**

**Email: [sponsorships@haselwood.com](mailto:sponsorships@haselwood.com)**

### CHECK THE DEALERSHIP YOU ARE SOLICITING:

☐ **HASELWOOD**  
HYUNDAI☐ **HASELWOOD**  
CHEVROLET | GMC☐ **WEST HILLS**  
KIA☐ **WEST HILLS**  
Honda☐ **WEST HILLS**  
FORD☐ **WEST HILLS**  
MAZDA☐ **HEARTLAND**  
TOYOTA☐ **WEST HILLS**  
CHRYSLER | JEEP | DODGE | RAM☐ **HASELWOOD**  
VOLKSWAGEN

Name of soliciting agency: \_\_\_\_\_

Name and address of your organization's parent group: \_\_\_\_\_

Solicitor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Is your organization incorporated as a non-profit organization in Washington?..... ☐ Yes ☐ No

Has the IRS granted tax deductible gift status for you?..... ☐ Yes ☐ No

What is your relationship to the agency you are soliciting for?..... ☐ Volunteer ☐ Employee ☐ Paid Worker

Is this the soliciting organization registered with the Better Business Bureau?..... ☐ Yes ☐ No

If yes, what city? \_\_\_\_\_

What are the services rendered by your organization? \_\_\_\_\_

Are any Haselwood Auto Group employees on your board or volunteer for your organization?..... ☐ Yes ☐ No

What amount are you seeking from us? \_\_\_\_\_

Does organization list sponsors on their website?..... ☐ Yes ☐ No

What type of opportunities will we receive? \_\_\_\_\_

Have you, your organization, or any members of your organization ever purchased a car from us?..... ☐ Yes ☐ No

If yes, list the name of purchaser, date of purchase, and dealership purchased from: \_\_\_\_\_

Solicitor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HASELWOOD AUTO GROUP — OFFICE USE ONLY

Partnership granted: ☐ Yes ☐ No Amount authorized? \_\_\_\_\_ Billed As: ☐ Advertisement ☐ 50/50 Split

Authorizing signature: \_\_\_\_\_ Date: \_\_\_\_\_

Letter sent to soliciting agency on: \_\_\_\_\_ Soliciting agency called on: \_\_\_\_\_