



2024 M&A Supply Pro Partner Program Commitment Agreement

Date:	_ Branch:	Territory Manager:				_
Contact Name:		Contact Title:				
Contact Email:				_		
A. Dealer Information	:					
Company name	:			Account	#:	
Address:		City:		Sta	ite: Zip	:
Business Phone	:	Cell Phone:				_
B. Company Informat	ion:					
2023 Total Ruud Eq	uipment Purchases:	ses:	Primary B Secondar	Brand Sold: ry Brand Sold:		
Business N	lix %: Residential:	Residential New Construc	ction:	_ Commercial:		
C. Choose your Deale	r Program (see back	for program details):				
	artner \$499 A Mo artner \$5089 Ann *Annual amoun					
Program Commitme selected program r processed by M&A	ent Agreement, have nonthly dealer fee fo Supply by the 15th	ading and understanding the e agreed to participate in the or 12 months. Furthermore, of each month, for 12 conse Ruud Dealer Program.	e selected pr you agree yo	rogram, and have a our select monthly	greed to pay dealer fee w	the ill be