



Dealer Direct
Marketing

NISSAN OWNER CONNECTION PROGRAM

Fax: (____) _____ - _____
Dealer Code: _____

DEALER PERSONALIZATION FORM

Please complete this Dealer Personalization form for the Nissan Owner Connection program. Fax your completed form to (800) 418-9351 by the first of the month for implementation the following month. If you have any questions please contact Program Headquarters at (800) 429-6223.

1. DEALERSHIP INFORMATION

Please fill out your correct information in the spaces below. This information **WILL** appear on the mailer **EXACTLY** as provided. Spaces and punctuation count as a character.

Dealership Name (45 characters maximum):

Address (100 characters maximum):

City (30 characters maximum):

State: ____ **Zip:** _____ **Phone:** (____) _____ - _____

Website (Optional – 50 characters maximum): _____

Dealer Representative's Name (30 characters maximum):

Dealer Representative's Title (30 characters maximum):

2. SHOWROOM HOURS

Monday ____: ____ am to ____: ____ pm Friday ____: ____ am to ____: ____ pm
Tuesday ____: ____ am to ____: ____ pm Saturday ____: ____ am to ____: ____ pm
Wednesday ____: ____ am to ____: ____ pm Sunday ____: ____ am to ____: ____ pm
Thursday ____: ____ am to ____: ____ pm If closed, leave blank.

3. MAP

A customized map showing your dealership's location, along with brief directions, can be included on your mailings.

- YES, I want to include a dealership map. I will select from the pre-defined map images shown on page 2.
- YES, I want to include a custom dealership map. I will e-mail a clean, black and white, camera-ready artwork or 600 dpi EPS, PDF or TIF file to:
ContactNissan@SupportCenter.net
SELECT "X"
- NO, I do not wish to include my dealership map at this time.

Default copy will be in place of a map on your mailers.

SELECT "X"
on the next page for the
MAP LETTER CODE



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3. MAP (CONTINUED)

If you have selected one of the pre-defined maps on page 1, please complete steps 1 – 4 below:

STEP 1: Select the map that most closely resembles the street layout where your Dealership is located (remember, North will be shown as being at the top of the map). **Map letter code:** _____

Map Letter Codes →

A 	B 	C 	D 	E 	F 	G
H 	I 	J 	K 	L 	M 	N
O 	P 	Q 	R 	S 	X Submit your own custom map. <ul style="list-style-type: none">• Black & white• No photos/screens• Your submission will be reduced/enlarged to 2"x2"	

STEP 2: From the map you selected above, enter in the space below the letter on the map which best represents your Dealership's location. **Location letter code:** _____

STEP 3: Each street on the map is numbered. Enter the name of the street corresponding to each number in the space below. (Limit 24 characters for each street name)

NAME OF STREET - 1 / _____

NAME OF STREET - 2 / _____

NAME OF STREET - 3 / _____

STEP 4: Enter a brief description of your Dealership's location, such as; Main Street two blocks North of Oak or Exit 35 East off I-90. (Limit 2 lines, 30 characters each.)



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4. DEALER SIGNATURE

Your mailings may feature your actual signature at NO ADDITIONAL CHARGE. Please select ONE of these options:

YES, I want to include my signature. I will sign my name on a plain white sheet of paper and send it to:

Nissan Dealer Direct Marketing
31W001 North Avenue
West Chicago, IL 60185

YES, I want to include my signature. I will e-mail a black and white, 600 dpi EPS, PDF or TIFF file to:

ContactNissan@SupportCenter.net

YES, I want to include my signature. I will sign a blank sheet of paper and fax it to:

Fax #: (800) 418-9351

NO, I do not wish to include my actual signature at this time.

Your mail piece will have your name in a handwriting style font.

5. DEALERSHIP MESSAGE

You have the ability to customize the front panel of the mailer. If you prefer you may select the default copy. If no custom copy is provided, the default copy will be used.

Custom Copy Dealership Message (200 characters maximum):

Default Copy Dealership Message:

We have a great selection of exciting new Nissan models.
There has never been a better time to buy a new Nissan.
We are your local Nissan experts and we are pleased to serve you.
Stop in today!

**Default Copy subject to change*

6. DEALERSHIP AUTHORIZATION

I am an authorized representative of Hometown Nissan and assume full responsibility for the information provided in this Dealer Personalization form.

Print Name _____ Authorized Signature _____ Date _____

Promotion Contact:

Name: _____ e-mail: _____ Fax: _____



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NISSAN OCP DEALER FOLLOW-UP PROGRAM

Retailer Code:

PROGRAM OVERVIEW

Retail Messaging

- ✓ Highly targeted and personalized communications driving customer to your store.
- ✓ Mailers include personalization options included in the OCP Program.

Features a strong Call-to-Action

- ✓ Limited Time/Offer Ends messaging.
- ✓ Optional \$25 Visa Gift Card Offer with test drive.

Mails Monthly

- ✓ Reaches your owner at 45 days prior to when the end of their lease or the projected vehicle replacement date for non-lease owners.
- ✓ Designed to integrate with the National Owner Connection Program.

PRICING

86¢ Self-mailer (includes standard-mail postage)

This mail features full four color print on 80# paper. 3 panel folds to 7"x 5". Mails 45 days prior to the vehicle replacement date.

MAIL QUANTITY

- Mail all available names. Mail up to _____ each month.

OPTIONAL GIFT CARDS

- Yes. You will receive 2% of your mail quantity for the first month and 1% every month there after. Gift cards are \$26.50 each (includes shipping). To order more gift cards, please contact Program Headquarter at (800) 429-6223.
- No (If nothing is checked, you will not receive any gift cards).

AUTHORIZATION

We agree to participate in the on-going Nissan OCP Dealer Follow-up Program. We agree to 86¢ per self-mailer. I authorize you to charge my Non-Vehicle Account for the cost of this program and any applicable sales and/or use taxes. I understand that federal, state and local laws and the regulations affect all my advertising. I understand that I am responsible for the accuracy of the information I provide and the review for any legality of all my materials. Nissan does not undertake a review of these materials for the compliance with any laws or regulations.

I understand that this authorization will be in effect from this date, and shall continue in force as long as we hold a Nissan selling agreement, or until this order is terminated by an authorized representative of this dealership or Program Headquarters upon 60 days' prior notice.

Print Name

Authorized Signature

Date

**Fax all four pages to Program Headquarters at (800) 418-9351.
This enrollment must accompany the Dealer Personalization form.**