



Colorado Automobile Dealers Association  
**CADA MEMBER SERVICES COMMITTEE**  
**ENDORSED COMPANY RECOMMENDATION FORM**

Your Name: \_\_\_\_\_ Dealership: \_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_

Type of product or service: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

*Please explain your experience with this company and any other general information about your past experience with this or other companies by way of comparison that you think would help the committee*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_

Type of product or service: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

*Please explain your experience with this company and any other general information about your past experience with this or other companies by way of comparison that you think would help the committee*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Make copies of this form, or request additional copies if needed: [lauren.stadler@coloradodealers.org](mailto:lauren.stadler@coloradodealers.org)  
► FAX back to CADA at: 303-831-9100