

Consumer Rides Application Form

Please save this PDF document to your computer and fill out all of the fields below. Once complete email the filled out the ct

exclusive of the Consumer Ric your local authorized Clarion of	des Program. All other inquiries to this ac	et: "Consumer Rides". (This email address is for ldress will not receive a response. Please contains. No personal information will be displayed from will be shown.
* Name:		
* Email address:		
Address1:		Address 2:
* City:	* Province/State:	* Country:
Your Ride * Year:	* Make:	* Model:
* Store Purchased From:		
* Clarion Product Installe	d:	
Other Mods:		
Tell us about your system:		

Please included a minimum of 2 pictures and a maximum of 8, at a maximum size of 1mb each in .jpg format. A 3/4 front picture of the whole car and a picture of the Clarion product installed in your car must be shown. Examples below.

3/4 car picture



Clarion product picture



* You will receive an email to let you know if your ride has been approved and posted online.*