



# DEALERSHIP APPLICATION

BUSINESS INFORMATION		
Business Legal Name		Federal Tax ID
Street Address		
City	State / Province	ZIP / Postal Code
Phone	Fax	Website

CONTACT PERSON INFORMATION	
Name of Owner	Name of Buyer
Position / Title (if applicable)	Position / Title (if applicable)
Phone	Phone
E-mail	E-mail

WHAT TYPE OF BUSINESS DO YOU HAVE?		
<input type="checkbox"/> Retail Store (_____ stores)	<input type="checkbox"/> Mail Order / Internet	<input type="checkbox"/> Other (please specify)

HOW DID YOU HEAR ABOUT US?	
Trade Show / Event (please specify)	Advertisement <input type="checkbox"/> News Paper / Brochure <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Internet Search Engine _____ <input type="checkbox"/> Other _____
Representative (if applicable)	

Please fax this completed application along with the following documents to  
**+1-866-491-3972**

- Business License
- Photos of the storefront (or website address with store photos)