

Dealer Application

Company Information Company Name: Primary Contact: _____ Email & Phone: Address: _____ Year Founded: _____ Number of Retail Locations: _____ Annual Sales: _____ Number of Employees: _____ Business Type: Sole Proprietorship Partnership LLC Corporation Other: Sales & Marketing Web Address: _____ Products & Services Offered: _____ Annual Marketing Budget: _____ Social Media Address: _____ Advertising: Social Media Internet Magazines Newspapers Trade Shows TV Radio Other: **Business References** Company & Contact Name: Address: Email & Phone: Company & Contact Name: _____

Email & Phone: _____