



**POLO  
GEAR**



**POLO GEAR, INC.**

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**DEALER APPLICATION AND QUESTIONNAIRE**

STORE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION  INC. STATE \_\_\_\_\_ INC. YEAR \_\_\_\_\_

IN BUSINESS SINCE: \_\_\_\_\_ AT THE SAME LOCATION SINCE: \_\_\_\_\_

**OWNERS/PARTNERS:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**OFFICER'S:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DO YOU SELL FROM OTHER LOCATIONS? YES  NO  HOW LONG AT SECOND LOCATION? \_\_\_\_\_

NAME AND ADDRESSES OF OTHER LOCATION(S): \_\_\_\_\_

DO YOU CURRENTLY SELL APPAREL? YES  NO  IF YES, WHAT LINES? \_\_\_\_\_

DO YOU HAVE A WEBSITE? YES  NO  DO YOU SELL COMMERCE? YES  NO

WHAT IS YOUR WEB ADDRESS? \_\_\_\_\_

DO YOU UNDERSTAND AND AGREE TO PAY AT TIME OF SHIPPING? \_\_\_\_\_

*(Please Sign)*

DO YOU CURRENTLY SELL POLO EQUIPMENT? YES  NO  IF YES, WHAT LINES? \_\_\_\_\_

WHEN WOULD YOU WANT DELIVERY OF YOUR INITIAL ORDER? \_\_\_\_\_

WHAT PRODUCTS DO YOU ANTICIPATE IN YOUR INITIAL ORDER? \_\_\_\_\_

WHAT DOLLAR AMOUNT DO YOU ANTICIPATE AS AN INITIAL ORDER? \$ \_\_\_\_\_

WILL YOU BE USING A PURCHASE ORDER NUMBER? YES  NO

WHAT IS YOUR RESALE CERTIFICATE NUMBER? \_\_\_\_\_  
*(A COPY OF THE RESALE CERTIFICATE MUST ACCOMPANY THIS APPLICATION.)*

PLEASE PROVIDE FIVE (5) SUPPLIER'S REFERENCES:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

*I HERBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT ANY FALSIFICATION OF ANY INFORMATION WILL MAKE THIS APPLICATION INVALID.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE