

DATE: _____

LEGAL NAME OF COMPANY: _____

TYPE OF BUSINESS: Sole Prop. Corp. L.L.P. Gen. Part. L.L.C.

BUSINESS ADDRESS: _____
Street Address or P.O. Box

BUSINESS ADDRESS: _____
City, State, Zip Code

CONTACT NAME: _____

TELEPHONE NUMBERS: _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

RESALE CERTIFICATE NUMBER: _____
(State and Number)

FEDERAL TAX I.D.: _____

HOW LONG IN BUSINESS? <i>(Years)</i>	HOW LONG AT THIS LOCATION? <i>(Years)</i>
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EBAY/AMAZON STORE URL (IF ANY): _____

BRANDS INTEND TO CARRY: _____

MAP Policy Guidelines & Agreement

Annual Minimums: We require every dealer to maintain a minimum annual order amount of at least \$3000 to keep the account open. We will evaluate each account at the end of the year, and any accounts that do not meet this requirement will be deactivated. You may have to resubmit your application again to reactivate the account.

Retail Location: We require you have a retail location or a legit business address, and your business must be an RC business or RC related. A photo of your retail location is required when you submit your application

State Retail Certificate: You must have a Retail Certificate that allows you to exempt from the Sales Tax. We require you submit the copy of this certificate along with the application.

Shipping: Dealers will get a free shipping for orders that are over \$500. If your order is under this amount, a shipping fee will be charged. There are some exceptions for orders with large and bulky items that may still incur a shipping charge regardless of the order amount.

Minimum Advertised Price (MAP): We require our dealers to adhere to our Minimum Advertised Price policy. MAP for each product is listed on the dealer's invoice as well as on our Web Site (Dealers that are found to be in violation of this policy will be provided with one warning. If a dealer continues to advertise below MAP after the warning, the dealer may be canceled and all buying privileges revoked at our sole discretion.

By signing below, I hereby acknowledge that I have read and fully understand the MAP Policy Guidelines and Agreement and will comply with it in its entirety. I also understand that any violation of MAP Policy Guidelines and Agreement will result in a termination of my dealer status and my buying privileges revoked.

Name: _____

Title: _____

Signature: _____

Date: _____

DEALER APPLICATION CHECKLIST

Your application must include:

1. Dealer Application Form, signed and filled in completely
2. A copy of your State Retail Certificate
3. A picture of your store front or building