## **Prosport Gauges Dealer Request form**

Contact Name:_		
Address:		
City:	State:	Zip:
Country		
Phone:	Fax:	
Email:		
Paypal Email: _		
Website:		
Business Type:	(Check all that app	
E Commerc	ee	
Retail Loca	tion ~ Number of l	Locations:
Wholesale	Distributor	
Number of Emp	oloyees:	
_	edex Account #	
Number of year	s in business:	
Other gauge pro	oducts dealer	
represents:		

Please send a copy of business license along with this application. By filling this out form out you agree that you will adhere to our strict MAP pricing. No more than 10% off Retail prices as set by our wholesale price sheet.

First PO must be for US\$5,000.00 –Min order after that is \$500.00 per year to retain dealer status. ~Company check, Credit Card or Paypal prior to shipment. FOB St. Petersburg, FL.

Prosport Inc. 11930 31<sup>st</sup> Court North St. Petersburg, FL 33716

Ph: (727) 572-9011 Fax: (727) 572-9012 <u>Email:</u> Sales@prosportgauges.com