



DEALER APPLICATION

Please send us your Resale Tax Certificate, Business License, and a picture of your store, if available

Company Name:

Owner Name:

Mailing Address:

Shipping Address:

Store Phone # :

Store Fax # :

E-Mail Address:

Type of Business:

Game Field

Retail Sales

Physical Description of Location:

Owned

Leased

Days of the Week Open:

Hours Open:

Names of Current Suppliers

Name of Closest Competitors:

How would you like to hear about our specials?

Fax

E-Mail

US Mail

Phone Call