

DGA TEE'S, INC. - DEALER APPLICATION

Today's Date: _____

Store Name: _____

Contact Name: _____
First Name
M.I.
Last Name

Contact Email: _____

Store Phone # _____ Fax # _____

Cell # _____ Website: _____

Fed Tax ID # _____ Bus. Lic.: _____

Business Entity - Circle One: Sole Proprietor Corp. LLC LLP Other -

Sales Channels - Circle all that apply Physical Store Website

How many locations do you currently have?

Payment Method - Circle One: Credit Card COD ACH PAYMENT

Physical Address of your store(s): _____

Social Media- User Name/Screen Name: _____

Facebook: _____

Instagram: _____

| Billing Address | Shipping Address |
|---------------------------|---------------------------|
| Street: _____ | Street: _____ |
| City: _____ State: _____ | City: _____ State: _____ |
| Zip: _____ Country: _____ | Zip: _____ Country: _____ |

Please list three Current *Trade* References: **(Suppliers that you are currently buying from)**

Trade Reference #1 _____

Trade Reference #2 _____

Trade Reference #3 _____
