



DEALER APPLICATION

For Internal Use Only:

Customer ID: _____

Approved Date: _____

Sales Rep: _____

Comments: _____

12718 Schabarum Ave.
Irwindale, CA. 91706
Toll Free: 1.877.580.9880
Tel: 626.869.0721
sales@opticgard.com

COMPANY INFORMATION

Full Legal Name/Business Entity: _____

DBA: _____ Date Established: _____

Billing Address: _____ Suite#: _____

City/State/Zip Code: _____

Shipping Address: _____ Suite#: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Company Type: Sole Proprietorship Partnership Corporation LLC

Target Area: Retail Store Ecommerce Wholesale Distributor Mall Kiosk Chain store

List all your account names and marketplace

Name of Your Marketplace	Account Name

OWNERS INFORMATION

Owner(s): Name, Title, and Signature.

1.) Full Name (Including middle Initial)

Title

Signature

OFFICE USE ONLY

COMPANY NAME: _____

STATE: _____