



Dealer Application

The following is required for a Dealer/Distributor application:

(full accounting information will be requested upon approval)

Contact Name: _____ Contact Email _____

Contact Company Title: _____ Phone Number _____

Company Name: _____

Company Address:

Street Name: _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____

Years at this location: _____ Company Website: _____

Business Information:

Type of Operation (choose one):

Corporation: Yes _____ Years Incorporated _____

Partnership: Yes _____ Years Formed _____

Proprietorship: Yes _____ Years in Business under this Trade Name _____

Other: _____ Yes _____ Years in Business _____

Any additional comments:

Sign and return via email: accounting@strykerordesign.com

Sign: _____ Print Name: _____