



## DEALER APPLICATION

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

Company Name:

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Owner Name:

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Mailing Address:

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Shipping Address:

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Store Phone # :

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Store Fax # :

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E-Mail Address:

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Type of Business:

Game Field     Retail Sales

Physical Description of Location:

Owned     Leased

Days of the Week Open:

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Hours Open:

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Names of Current Suppliers

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Name of Closest Competitors:

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How would you like to hear about our specials?

Fax     E-Mail     US Mail     Phone Call