

## Dealer Application Form Thanks for your interest in our outdoor product line. **Business Name** Address City / State / Zip Code Fax Email Phone Name Of Person Reponsible For Purchasing Ext \_\_\_\_ Email Do You Operate Under A Different Business Name? Yes ☐ Check Box No ☐ Check Box If yes what What Type Of Store? Brick & Mortar ☐ Check Box Internet ☐ Check Box Internet is Accountable to our Map Pricing Resale Certificate Vendors Lic # or attach form **Shipping Requirements:** Customer Pickup Freight \_ Direct Truck \_ Furniture Hauler...Who \_\_\_\_\_ Ship To Address: Terms: Brick & Mortar- 2% 10 Day Net 30 Internet- Credit Card Day of Shipment **Email To Send High Resolution Photos to:** Signature Looking Forward To Serving Your Outdoor Needs! -Jay