

**Dealership Request Form**

| Date: |  | |
| --- | --- | --- |
| Business name: | | |
| Business type (corporation, partnership, proprietorship, LLC): | |  |
| Authorized purchaser(s): | | |

| Billing address: | |
| --- | --- |
| City, State, Zip: | |
| Phone: | Cell: |

| Shipping address: | |
| --- | --- |
| City, State, Zip: | |
| Phone: | Cell: |

| Email: | | | Website: | |
| --- | --- | --- | --- | --- |
| Federal ID #: | | | State tax ID #: | |
| Years in business: | Years at location: | | | Years in present ownership: |
| Store square footage: | # of employees: | | | % business in paddlesports: |
| Primary business: | | | |  |
|  | | | | |
| Primary ORG products you will stock: | | | | |

| **Signature of Owner or Authorized Officer** |  | **Signature of ORG Representative** |
| --- | --- | --- |