

**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** |
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