

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