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RETAILER APPLICATION FORM

Company Name: _____ Contact Name: _____

Address: _____ Phone Number: _____

City/Town: _____ Fax Number: _____

State/Province: _____

Zip/Postal code: _____ Country: _____

Federal Tax ID (US dealers only): _____

Email Address: _____

Website address: _____

What type of marine products do you currently sell?

Do you currently carry any other tower/accessory lines? Do you plan on adding any additional vendors?

Will your service department be doing tower and/or accessory installations?

MAKE SURE TO INCLUDE A COPY OF YOUR SALES TAX FORM

****Your dealer business information will be published on our website for our customers, unless otherwise noted.**