



P A I N T B A L L

CUSTOM PRODUCTS DEALER APPLICATION

BUSINESS NAME _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

PHONE# _____ FAX# _____

SHIPPING ADDRESS _____

CITY/STATE/ZIP _____

E-MAIL ADDRESS _____

FEDERAL TAX I.D.# _____ STATE RESALE# _____

DATE BUSINESS OPENED _____

NAME OF OWNER _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE# _____ FAX# _____

BUSINESS IS _____ PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION

IS THIS A STORE FRONT LOCATION _____ YES _____ NO _____ # OF LOCATIONS

ARE YOU AN INTERNET ONLY BASED BUSINESS _____ YES _____ NO

PAYMENT TERMS ARE COD OR CREDIT CARD ONLY (CIRCLE PREFERRED)

CURRENT SUPPLIERS:

COMPANY NAME _____ CONTACT _____

COMPANY NAME _____ CONTACT _____

COMPANY NAME _____ CONTACT _____

COMPANY NAME _____ CONTACT _____

MINIMUM ADVERTISED PRICING POLICY :

CUSTOM PRODUCTS ASKS THAT EVERY DEALER NOT ADVERTISE IN EITHER PRINT, INTERNET OR IN STORE SIGNAGE LESS THAN 10% OF SUGGESTED RETAIL PRICE. FAILURE TO COMPLY WITH THIS POLICY COULD RESULT IN TERMINATION OF DEALER AGREEMENT.

SIGNED: _____ DATE: _____

PRINT NAME: _____

FAX APPLICATION BACK TO (480) 497-3273