



Request for Dealership

This information will be held strictly confidential.

Date: _____

Business name: _____

Business type: Corporation Partnership Proprietorship LLC

Authorized purchasers: _____

Billing address: _____

City, State, Zip: _____

Phone: _____ Cell: _____

Fax: _____

Shipping address: _____

City, State, Zip: _____

Phone: _____ Cell: _____

Fax: _____

Email: _____ Website: _____

Federal ID #: _____ State tax ID #: _____

Years in business: _____ Years at location: _____ Years in present ownership: _____

Store square footage: _____ # of employees: _____ % business in watersports: _____

Primary business: _____

Watersports volume: <\$50k \$50k-100k \$100k-\$300k \$300k-\$500k >500k

Main boat brands carried: _____

Main accessory lines carried: _____

Primary products you will stock: _____

Signature of Owner or Authorized Officer

Signature of Mariner Sails Representative

Please include copies of the following: *(If emailing this form, please fax or attach.)*

Business license Promotional material Pictures of store