



Dealer Application Form

General Business Information

Company Name _____

DBA: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Website Address: _____

Shipping Address (if different): _____

City: _____ State: _____ Zip: _____

Type of Business: Corporation Partnership LLC
 Sole Proprietorship Other _____

Date Business Commenced: _____ Years at Present Location: _____

Federal Tax ID: _____

SF of Available Space: _____

Briefly describe your experience with kayaks: _____

What brands of Kayaks are you currently selling? _____

If New Business, Expected Opening Date: _____ SF of Available Space: _____

If multiple locations/shops, how many? _____

Additional Comments you would like to add about your business(s): _____

Owner/Officer Information

Name: _____ Title: _____

Home Address: _____

Residential Phone No.: _____ SSN: _____

Name: _____ Title: _____

Home Address: _____

Residential Phone No.: _____ SSN: _____

Name: _____ Title: _____

Home Address: _____

Residential Phone No.: _____ SSN: _____

Business Trade References

Company: _____ Acct No: _____

Address: _____

City: _____ State: _____ Zip: _____

Company: _____ Acct No: _____

Address: _____

City: _____ State: _____ Zip: _____

Company: _____ Acct No: _____

Address: _____

City: _____ State: _____ Zip: _____

Company: _____ Acct No: _____

Address: _____

City: _____ State: _____ Zip: _____

Upon the receipt and acceptance by Kaku Kayak, this Dealer Application will serve as a binding contract between the Applicant and Kaku Kayak. By the submission of this application, the Applicant agrees to the following the terms and condition. Applicant agrees that Kaku Kayak products will not be offered as "Mail Order" items without the express written consent of Kaku Kayak. Kaku Kayak. Kaku Kayak. Kaku Kayak. Kaku Kayak. Kaku Kayak. Kaku Kayak.

SIGNATURE MUST BE EXECUTED IN ORDER TO PROCESS

Signed: _____ Owner Date: _____

Signed: _____ Authorized Buyer Date: _____

Signed: _____ Title: _____ Date: _____