

BONZI SPORTS Dealer Application

Date _____

Store name: _____ Phone: _____ FAX: _____

Street address: _____ City: _____ State: _____ Zip: _____

Country: _____

Store size: _____ % devoted to R/C boats: _____

Contact: _____ E-Mail: _____

State Resale License # _____ Fed ID # _____

Are you in the Yellow Pages? Yes _____ No _____ Do you advertise? Yes _____ No _____

If so, Where? _____

Store business hours:

Name of your bank:

Weekdays: _____

Saturday: _____

Phone () _____

Sunday: _____

Store's account # _____

List three (3) suppliers from whom you regularly order from:

(1) _____ (2) _____ (3) _____

Phone () _____ Phone () _____ Phone () _____

Store owner's name: (If corporation, President's name)

Number of years in business: _____

Terms are to be prepaid on all orders. Minimum order requirements will be sent upon acceptance as a BONZÍ dealer.

For immediate shipment, include credit card number: _____

Exp Date: _____ / _____ Security Code: _____

The success of the BONZÍ Sports product line depends, to a large extent, upon its being sold only through legitimate dealers who have a good service and sales organization and who enjoy the confidence of their customers. For this reason, BONZÍ Sports requires interior and exterior photos of your store to be considered for acceptance.

317.844.4695 – Office

317.844.8155 - Fax

FOR BONZÍ USE ONLY

AUTHORIZED BY: _____ DATE: _____