****

**Request for Dealership**

*This information will be held strictly confidential.*

|  |  |  |
| --- | --- | --- |
| Date: Enter text. |  | |
| Business name: Click here to enter text. | | |
| Business type (corporation, partnership, proprietorship, LLC): | | Click here to enter text. |
| Authorized purchasers: Click here to enter text. | | |

|  |  |
| --- | --- |
| Billing address: Click here to enter text. | |
| City, State, Zip: Click here to enter text. | |
| Phone: Click here to enter text. | Cell: Click here to enter text. |
| Fax: Click here to enter text. | |

|  |  |
| --- | --- |
| Shipping address: Click here to enter text. | |
| City, State, Zip: Click here to enter text. | |
| Phone: Click here to enter text. | Cell: Click here to enter text. |
| Fax: Click here to enter text. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Email: Click here to enter text. | | | Website: Click here to enter text. | |
| Federal ID #:Click here to enter text. | | | State tax ID #:Click here to enter text. | |
| Years in business: # | Years at location: # | | | Years in present ownership: # |
| Store square footage: # | # of employees: # | | | % business in paddlesports: # |
| Primary business: Click here to enter text. | | | |  |
| Approximate paddlesports volume (i.e., $150k): | | Click here to enter text. | | |
| Main boat lines carried: Click here to enter text. | | | | |
| Main accessory lines carried: Click here to enter text. | | | | |
| Main clothing lines carried: Click here to enter text. | | | | |
| Primary NRS products you will stock: Click here to enter text. | | | | |

|  |  |  |
| --- | --- | --- |
| **Signature of Owner or Authorized Officer** |  | **Signature of NRS Representative** |

**Please include** copies of the business license, promotional material, pictures of store. (If emailing this form, please fax or attach.)