



Request for Rescue 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 water rescue: # _____

Primary business: _____

Current brands sold: _____

Primary NRS products you will stock: _____

Tradeshows you attend where NRS products will be displayed: _____

Signature of Owner or Authorized Officer

Signature of NRS Representative

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

Business license Promotional material Pictures of store