

PMC Wholesale

NEW DEALER APPLICATION

NAME-ADDRESS-PHONE

Exact Legal Name of Firm _____

DBA (if applicable) _____

Email _____ Web Site _____

Billing Address:

Address _____ City _____

State-Zip _____ Phone _____

Shipping Address: (if different from billing)

Address _____ City _____

State-Zip _____ Phone _____

Purchasing Individual _____

Email _____ Phone _____

Preferred Website User Name _____

BUSINESS INFORMATION

Type of Business (Sporting Goods, Bike Shop, Repair Shop, Apparel, etc.)

Form of Business:

Sole Proprietorship _____ Partnership _____ LLC _____ Corporation _____

Length of time owned by present owner _____ State and Date of Incorporation _____

City or Local Business License Number _____

TRADE REFERENCES

Name _____ Phone _____

Street _____

City, State, Zip _____

Name _____ Phone _____

Street _____

City, State, Zip _____

Name _____ Phone _____

Street _____

City, State, Zip _____

Return to mjohnston @ promotionusa.us
or mail to ProMotion USA
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