

# Dealer Application

## Black Tooth Skateboards

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 austin@blacktoothskateboards.com



<b>Shop name</b>			<b>Contact</b>		
Parent CO.			Title		
Street Address			Phone #		
City	State	ZIP	Fax#		
<b>Ship to:</b>		email			
Street Address			<b>Tax I.D. #</b>		
City	State	ZIP	Years in business:		
<b>Primary type of products sold:</b>					

## Trade References

Name	Address				
City	State	ZIP			
Account#	phone#				
Name	Address				
City	State	ZIP			
Account#	phone#				
Name	Address				
City	State	ZIP			
Account#	phone#				

***Must be signed by authorized personel.***

Signed by \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes: