



Request for 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 paddlesports: _____

Primary business: _____

Approximate paddlesports volume (i.e., \$150k): _____

Main boat lines carried: _____

Main accessory lines carried: _____

Main clothing lines carried: _____

Primary NRS products you will stock: _____

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.)