

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 business license, promotional material, and pictures of store. (If emailing this form, please fax or attach.)