

RAILDRIVER

Authorized Reseller Application



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| COMPANY INFORMATION: | Legal Name of Company: | Telephone Number: |
| | Company Address: | Fax Number: |
| | | Website URL: |
| | Contact Person: | E-mail Address: |
| REQUIRED INFORMATION: | Upon submitting your application, please mail or fax a copy of the following documents: <ul style="list-style-type: none"> • A photograph of your retail store front. • A copy of a yellow page listing or other advertising. • A completed sales and use tax certificate of exemption. • A copy of your DBA or business license. | |
| | <div style="border: 1px solid black; padding: 5px;"> To be approved for dealer status, you must have a retail store front. Reseller status is not available to internet merchants. </div> | |
| DESCRIPTION OF BUSINESS: | Primary Business [please indicate all that apply]: <input type="checkbox"/> Train Store <input type="checkbox"/> Hobby Store Other [please explain]: _____ | Type of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other [please explain]: _____ |
| | Regular Days of Store Operation: Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> | Years in Business: Number of Employees: Annual Sales: Incorporation Date: Incorporation State/Country: |
| | Do You Sell or Exhibit at Train Shows? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | Forms of Payment Your Company Offers to Your Clients: | <input type="checkbox"/> Cash/Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Terms |
| | Federal Tax ID Number: Business License Number: | Sales Tax / GST Number For Your State or Province: |
| | Please provide any additional information or comments regarding your application to become an authorized dealer of RailDriver products: | |

COMPANY PRINCIPALS:

| | | |
|-------|-------------------|--------------|
| Name: | Position / Title: | % Ownership: |
| Name: | Position / Title: | % Ownership: |

By submitting this form, I certify that all the information is correct and that I have the legal right to provide this information and enter into a contract with P.I. Engineering, Inc.

Name of Person Completing This Form:

Date: