



DEALER APPLICATION

183 S. Main Street
Mt. Clemens, MI 48043

tel: 586-649-2992
fax: 586-469-4009
KEYSTONESKATESUPPLY.COM

Company Name: _____ DBA: _____
Address: _____
City: _____ State: _____ Zip: _____
Shop Phone: _____ Fax: _____
E-mail: _____

Owners, Partners, or Corporate Principals

Name: _____ Title: _____ Social Security # _____
Home Address: _____ City/Zip: _____ Phone _____

Name: _____ Title: _____ Social Security # _____
Home Address: _____ City/Zip: _____ Phone _____

Resale Tax ID # (REQUIRED) # _____ Years in Business: # _____

Type of Business: Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC ☐

Type of Store: _____ Own ☐ Rent ☐ Square Feet: # _____

Shop Location: Shopping Mall ☐ Strip Mall ☐ Free Standing BLDG ☐ Skate Park ☐

Accounting Person: _____ Authorized Buyers: _____

Do you Currently Sell Online? _____ Web Address: _____

Skate Trade References

Please Check All That Apply

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Dwindle Distribution | <input type="checkbox"/> Kayo Corp. | <input type="checkbox"/> Sector 9 | <input type="checkbox"/> Osiris |
| <input type="checkbox"/> Branch Distribution | <input type="checkbox"/> Switchboard | <input type="checkbox"/> DC Shoes | <input type="checkbox"/> South Shore |
| <input type="checkbox"/> NHS, INC. | <input type="checkbox"/> Ocean Ave. | <input type="checkbox"/> Circa | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Deluxe | <input type="checkbox"/> Select Distribution | <input type="checkbox"/> Supra | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Baker Boys | <input type="checkbox"/> Sole Technologies | <input type="checkbox"/> Resource Distribution | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Syndrome | <input type="checkbox"/> Absolute Distribution | <input type="checkbox"/> Point Distribution | <input type="checkbox"/> _____ |
| <input type="checkbox"/> AWH Sales | <input type="checkbox"/> Vans | <input type="checkbox"/> Sk8 Trip | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Eastern Skate | <input type="checkbox"/> Globe | <input type="checkbox"/> Loaded Boards | <input type="checkbox"/> _____ |

AUTHORIZED SIGNATOR (print name): _____ TITLE: _____
SIGNATURE: _____ DATE: _____