

Ohio Model Products

199 Stratford Lane

Xenia, OH. 45385

(937) 372-0603

Email: omp@ohiomodelplanes.com

Dealer
Application

Type of Business: Proprietorship Partnership
Incorporated Other: _____

Business Name: _____

Federal ID#: _____ << If no Fed ID#, Your S.S. # is required

Business Address: Street: _____ City: _____
Prov/State: _____
Zip/Post Code: _____ Country: _____
Phone: _____ Fax: _____

Business Info: Operating Since: _____ Years at Cur. Location: _____

Operating From: Retail Shop Home/Garage
Retail Mall Other: _____

Premises: Size (sq ft) _____ Rented/Leased
Own/Buying Other: _____

Selling To: Consumers For Own use
Resellers Other: _____

Advertising Method: In-Store only Web/Internet
Mail-Outs Other: _____

Bank Reference: Bank Name: _____
Address: _____
Phone # _____ Contact: _____
Bank account # _____

Business Reference: Company: _____ Contact: _____
Phone # _____
Company: _____ Contact: _____
Phone # _____

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Dealer

Application

Owners Name: _____

Owners Address:

Street: _____

City: _____

Prov/State: _____

Zip/Post Code: _____

Country: _____

Phone# _____

Fax# _____

Cell# _____

Email: _____

Website: _____

DECLARATIONS

I (Name) _____
am the owner _____ (initial), or
am authorized by the owner _____ (initial),
and as such warrant that the information
provided herien is true and grant Ohio Model
Products with permission to verify the
information provided.

I understand that payment terms for products
or services rendered are COD with payment in
Advance by certified cheque, Visa or Master-
Card. I further understand that should I wish to
arrange open credit terms at some time in the
future that Ohio model Products will request
additional documentation and guarantees
for payment.

Applicant Signature: _____

Owner Signature: _____

SUPPORTING DOCUMENTATION

Please Fax Copies of:

- * Business License
- * Retail Sales Tax Registration
- * Federal Sales Tax Registration (If applicable)
- * Incorporation Documentation (If applicable)

CREDIT CARD AUTHORIZATION

I (name on card) _____
am the authorized user of the following credit
card.

MasterCard

Visa



Card#: _____

Expiry: _____

I here by authorize Ohio Model Procuts to use
the credit card noted above to effect payment for
goods & services to the buiness described herin.
Card Holder Signature: _____