



Retail Dealer Application

Business Name: _____

Email Address: _____

Phone Number: _____

Website: _____

Do you have a retail location? _____

Do you offer onsite service/repairs? _____

Street Address: _____

Address Line 2: _____

City: _____

State or Region: _____

Postal Code: _____

Country: _____

Years in Business: _____

Monthly Hobby Product Revenue: _____

Number of Employees: _____

Did someone refer you? If so, we'd like to thank them.

Referral name: _____

Referral Email Address: _____