

GhostBlind Industries, Inc.

Retail Dealer Application

Dealer Requirements

- Must have storefront with posted hours.
- **No internet sales.**
- Minimal inventory purchase.
- Dealer must honor MAP pricing.
- Payment must be received before shipment.

Dealer Info

Please complete and sign.

Company Name _____ Number of years in business _____

Contact Name _____ Title _____

Mailing Address _____ City _____ State _____ Zip _____

Shipping address _____ City _____ State _____ Zip _____

Daytime

Phone _____ Fax _____ Email _____

Retail space (Sq. Ft) _____ Number of Stores _____ Number of employees _____

Store Hrs _____ Type of business (circle one): Proprietorship Partnership Corporation Other

Annual Gross Sales (Not a determining factor) _____

Number of Ground Blinds sold last year _____

Archery brands stocked _____

Signed _____ Date _____

Please fax, mail or email completed application with copy of Vendor/ State tax License to:

GhostBlind Industries, Inc.

PO Box 644

Marietta, OH 45750

PH 1-(877) 751-4868

FX 1-(740) 374-6744

Email: customer-service@ghostblind.com