

# GhostBlind Industries, Inc.

## Retail Dealer Application

### Dealer Requirements

- Must have storefront with posted hours.
- 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 \_\_\_\_\_

Web Address \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

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

GhostBlind Industries, Inc.  
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