

Dealer Requirements

- ⊙ Must have storefront with posted hours.
- ⊙ Minimum 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 _____

DaytimePhone _____ 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 _____ Mathews Dealer? Yes No

How did you hear about the GhostBlind? Post Card Customer Magazine Internet Television

If magazine or television please specify _____

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
Phone: (877) 751-4868, Fax: (740) 374-6744
Email: info@ghostblind.com