



DEALER APPLICATION FORM

Date: _____

Visit our Website at EuroEffects.net

Email this to info@euroeffects.net, Fax this form to (219)764.7490 or Mail to 2524 Portage Mall Unit 26 Portage, IN 46368

BUSINESS CONTACT INFORMATION

Buyer First Name: _____ Middle Initial: _____ Last Name: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

BUSINESS INFORMATION

Date Business Started: (mm/dd/yyyy) _____

Business Legal Type: Sole Propriorship Partnership Corporation Other

Business Type: Retail Store Internet Retailer Distributor

SHIPPING INFORMATION

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Additional Comments: *(You can add any additional comments that may be of use for this application)*