



## Dealer Application

To learn more about Hobby Authority Distribution and our dealer programs, please fill out this form. EMail your application along with company's **RETAIL LICENSE** to [SALES@HobbyAuthority-Dist.com](mailto:SALES@HobbyAuthority-Dist.com). We look forward to working with you!

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Business Type:  Storefront  Internet

Website Address: \_\_\_\_\_

Business Contact Name: \_\_\_\_\_

Business Contact e-mail: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

Wholesale/ trading Reference:

1. Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_