



Dealer Application Form

11000 E. Rush Street #7, El Monte, CA 91733

Tel: 626-350-6168 Fax: 626-350-1968 Email: info@airsoftelite.com

Legal Business Name: _____

DBA Name: _____ Date Established: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____ Fax: _____

Email: _____ Website: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Federal Tax ID: _____ Resale's License No: _____

Company Type: Sole Proprietor Partnership Corporation LLC

Business Type: Retail Store Internet Wholesales Other

Trade Reference 1

Supplier: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Trade Reference 2

Supplier: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Trade Reference 3

Supplier: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date _____

Print Name: _____ Title _____

Note: This agree must be signed by an officer of the company – such as Owner, President etc.,

Please fax or email the copies of the seller's permit, or business license/permit along with this application form to us, email (info@airsoftelite.com),fax no. (626-350-1968)