

# Dealer Application for US Retailers



## Company Information

|         |       |                 |       |
|---------|-------|-----------------|-------|
| Name:   | _____ | Chairman:       | _____ |
| Adress: | _____ | Title:          | _____ |
|         | _____ | Capital fund    | _____ |
|         | _____ | Established in: | _____ |
| Tel:    | _____ | Annual sales:   | _____ |
| Fax:    | _____ | # of stores:    | _____ |
| URL:    | _____ | # of employees: | _____ |
| EIN #:  | _____ | Tax ID#:        | _____ |

## Main Contact Information

|        |       |                                  |       |
|--------|-------|----------------------------------|-------|
| Name:  | _____ | email:                           | _____ |
| Title: | _____ | Adress (if different from abov): | _____ |
| Tel:   | _____ |                                  | _____ |
| Fax:   | _____ |                                  | _____ |

## Invoice Information

|                                      |       |                     |                            |
|--------------------------------------|-------|---------------------|----------------------------|
| Invoice to (if different from abov): | _____ | Tel:                | _____                      |
|                                      | _____ | E-mail:             | _____                      |
|                                      | _____ |                     |                            |
| Contact:                             | _____ | Payment Preference: | ___ Credit Card ___ Net 30 |

## Shipping Information

|                                       |       |           |                                    |
|---------------------------------------|-------|-----------|------------------------------------|
| Shipment to (if different from abov): | _____ | Tel:      | _____                              |
|                                       | _____ | Fax:      | _____                              |
|                                       | _____ | Shipping: | UPS / FedEx / Others[            ] |
| Contact:                              | _____ | Account # | _____                              |

## Bank Information

|         |       |           |       |
|---------|-------|-----------|-------|
| Bank:   | _____ | Tel:      | _____ |
| Adress: | _____ | Fax:      | _____ |
|         | _____ | Account # | _____ |
|         | _____ |           | _____ |

## Trade Credit References

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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Signature \_\_\_\_\_

How did you learn about SOTO? \_\_\_\_\_

Date: \_\_\_\_\_