



# Fantasma OWL On Wheel Lighting System Distributor / Wholesaler Application

## Applicant Business Information

Company Name:

Phone:

Fax:

Website:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ - \_\_\_\_\_

Country (if not in United States):

Number of years in business:

Will you be selling our products online?

NO

Yes, please provide your online web store links below:

http://

http://

http://

Will you be selling our products in any physical stores?

NO

Yes, please indicate the states or countries your stores are located in:

1.

3.

2.

4.

If you have other selling channels, please list them here:

How did you hear about our products?

Website  Trade Show(\_\_\_\_\_)  Referred by \_\_\_\_\_  Others: \_\_\_\_\_

Other information we should know about your business:

## Contact Person Information

First and Last Name:

Title:

Phone:

Fax:

Email:

Note:

Please feel free to contact us if you have any questions. You may mail, fax or email your completed application back to us, Thanks!