



GARED DEALER APPLICATION

Date: _____

Name of Company: _____ Contact Name: _____

Billing Address: _____ City, St, Zip _____ Country: _____

Shipping Address _____ City, St, Zip _____ Country: _____

Toll Free Phone: (____) ____-____ Phone: (____) ____-____ Fax: (____) ____-____

Email(s): _____

Customer Service Contact: _____ Email: _____

Accounting/Billing Contact: _____ Email: _____

How did you hear about Gared? _____

Do you have a current Gared catalog? Y N If no, please send to: _____

Year Company Established? _____ Anticipated yearly sales volume with Gared: _____

Sales Area covered: _____ How many sales people do you have? _____ Inside: ___/Outside: ___

Do you have a retail store? Y N Offering what type of product? _____

Website: _____ Would you offer our product on your website? Y N

Do you print a catalog? Y N Would you offer our product in your catalog? Y N

Products of Interest: _____

What other Companies do you normally buy this type of equipment from?

___ Bison ___ Draper ___ Jaypro ___ Kwik Goal ___ Porter ___ PW Athletic

___ Schelde ___ Spalding ___ SportsPlay ___ Other: _____

Please specify your company type: *(Please check one option that best describes your market.)*

___ Buying Group Dealer: ___ ADA ___ NBS ___ SPO ___ TAG ___ TEAM

___ Independent Team Dealer ___ Specialty Dealer: Identify Sport: _____

___ Online ___ Park & Recreation Dealer ___ Park & Recreation OEM

___ Print Catalog ___ Sales, Install & Service (Indoor) ___ Sport Equipment MFR

Will you be purchasing our product for stock or for drop shipment? _____

Will you be requesting shipments to be sent third party via your carrier? _____ Courier Account #: _____

Any additional information that would be helpful: _____

Please complete this form along with the Credit Application to process your request. Thank you for your interest in Gared.