



# Dealer Application

## BUSINESS INFO

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

Business Type (corporation, partnership, proprietorship, LLC): \_\_\_\_\_

Primary Business: \_\_\_\_\_

Federal ID#: \_\_\_\_\_ State ID#: \_\_\_\_\_

Business Start Date: \_\_\_\_\_ Years at Location: \_\_\_\_\_ Years of Present Ownership: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## REQUEST

CREDIT CARD MUST BE ON-FILE. ALL ORDERS ARE DUE WHEN THEY SHIP.  
50% DEPOSIT REQUIRED ON NEW ACCOUNTS UNTIL APPROVED BY

Name/Title: \_\_\_\_\_

## OWNERSHIP

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Sawyer Paddles and Oars, LLC

299 Rogue River Pkwy, Talent, OR 97540 | (541) 535-3606 | [info@paddlesandoars.com](mailto:info@paddlesandoars.com)

**COMPANY CONTACTS:**

Buyer Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AP/Billing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CREDIT INFO**

**BANK REFERENCES** (Please list all banks used for your business. Attach additional pages if needed.)

Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TRADE REFERENCES** (Please list a minimum of three (3). Attach additional pages if needed.)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LANDLORD** (if applicable):

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Lease or Rent Amount Per Month: \_\_\_\_\_

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**ENTITY:**

Please provide the following supporting documents:

1. **Corporation:** A copy the articles of incorporation, including state.
2. **Limited Liability Company:** A copy from secretary of state of Organization papers.
3. **Limited Partnership, Partnership or Sole Proprietor:** A copy of your DBA registration.
4. **All:** A copy of your business license if the city you do business in if it requires a business license.

Please print full name, title/position, date, and sign as an individual.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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