



# DEALER APPLICATION

The purpose of this application is to identify your firm as a dealer entitled to trade discounts. You must furnish proof that you are a dealer, with a store front, selling hobby products to the public.

DATE: \_\_\_\_\_

## ALL APPLICANTS FOR AN AUTHORIZED ATLAS O DEALERSHIP ARE REQUIRED TO SUBMIT THE FOLLOWING:

- A fully completed and returned application form (including references).
- Photographs of the inside and outside (including marquee) of store.
- A copy of your white or yellow page listing.
- A copy of your resale certificate.

Store Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Store Address: \_\_\_\_\_ Fax: \_\_\_\_\_ Is this line dedicated? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip(+4): \_\_\_\_\_ Country: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip(+4): \_\_\_\_\_ Country: \_\_\_\_\_

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

How long have you been in business? \_\_\_\_\_

Type of Store: Train Shop \_\_\_\_\_ General Hobby Shop \_\_\_\_\_ Other: \_\_\_\_\_

Store Location: Downtown \_\_\_\_\_ Shopping Center \_\_\_\_\_ Local Business District \_\_\_\_\_ Other \_\_\_\_\_

What model train scales do you carry? N \_\_\_\_\_ HO \_\_\_\_\_ O \_\_\_\_\_ Annual sales? \_\_\_\_\_ What percent of sales is mail order? \_\_\_\_\_

Do you offer repair service? \_\_\_\_\_ Do you special order? \_\_\_\_\_ What are your store hours? \_\_\_\_\_

Is this business a: Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Association \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

Owner Names: \_\_\_\_\_

What hobby manufacturers do you currently buy from? (US or International): \_\_\_\_\_

Buyer's Name: \_\_\_\_\_

Will you accept back orders? Yes \_\_\_\_\_ No \_\_\_\_\_

## BANK & TRADE REFERENCES

**OPEN ACCOUNT CONSIDERATION**, we require your store to have been open for **12 months** or longer under present ownership, and your references for an **Open Account** to have been active for **12 months** or longer. First reference must be a bank, second must be a hobby distributor.

Bank Name: \_\_\_\_\_

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

City/State/Zip+4: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Account#: \_\_\_\_\_  Checking  Savings

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

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

City/State/Zip+4: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Hobby Distributor Name: \_\_\_\_\_

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

City/State/Zip+4: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

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

City/State/Zip+4: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

This form is not to be construed as a contract. We reserve the right to refuse to sell to any business or individual. Applicants for an authorized Atlas O Dealership are subject to approval.

I hereby certify that all of the above information is true and factual to the best of my knowledge.

Owner/Officer Signature Required

**THE FUTURE OF O MODEL RAILROADING IS HERE!**

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