



## APPLICATION FORM

Please fill out completely. Please print or type. Incomplete profile forms will be returned unprocessed. Fax to 916.386.0217

### 1. INFORMATION

Retailer Name		DBA	
Address			
City	State	Zip	
Phone	Fax	Email	
Franchise(s)	TIN/FEIN	Resale Certificate #	
Business License#	Liability Insurance Policy #	Worker's Comp Policy# (Top Gun installer program)	

\*Copies of business license and liability certificate must be included with this application for processing. (Fax to 916.386.0217)

### 2. CONTACT INFORMATION

Owner	Phone	Ext	Email
General Manager	Phone	Ext	Email
Sales Manager	Phone	Ext	Email
Office Manager	Phone	Ext	Email
Service Manager	Phone	Ext	Email

### 3. TRAINING INFORMATION

Training options if accepted as a retailer	BGI tour	Missile program	Factory Class	Distributor	Agent
Notes:					

Retailer Authorized Signature	Title	Date
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### 4. ADMINISTRATIVE USE (DO NOT FILL OUT)

BGI	MFS #	
Agent	MFS #	
Retailer	MFS #	