



# DEALERSHIP APPLICATION

BUSINESS INFORMATION		
Business Legal Name		Federal Tax ID (9 digits)
Business DBA Name		<input type="checkbox"/> Retail Store ( __ stores) <input type="checkbox"/> Internet <input type="checkbox"/> Other
Street Address		
City	State / Province	ZIP / Postal Code
Phone	Fax	Website

CONTACT PERSON INFORMATION	
Name of Owner	Name of Buyer
Phone	Phone
E-mail	E-mail
Preferred Access Username (if required)	Preferred Access Username

HOW DID YOU HEAR ABOUT US?	
Trade Show / Event (please specify)	Advertisement <input type="checkbox"/> News Paper / Brochure <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Internet Search Engine _____ <input type="checkbox"/> Other _____
Representative (if applicable)	

Please fax/email this completed application along with the following documents to  
**+1-888-906-TOYS / support@plamod.com**

- |  |
|--|
| <ul style="list-style-type: none"> <li>● Business License</li> <li>● Photos of the storefront</li> </ul> |
|--|