DEALERSHIP APPLICATION

Company Name: (list also your DBA name if any)

Click here to enter text.

Address: (list also your headquarter address if different from store front address)

Click here to enter text.

Phone: Click here to enter text. Fax: Click here to enter text.

Email: Click here to enter text.

Contact name: Click here to enter text. Title: Click here to enter text.

Please list ***all*** your online stores (website, ebay store, amazon store…):

Click here to enter text.

Products/Product lines of interest: Click here to enter text.

Tax ID# (9 digits): Click here to enter text.

Attachment (please check): ☐business license ☐Image of bricks mortar and/or inventory

Estimated monthly volume ($) Click here to enter text.

Estimated quarterly volume ($) Click here to enter text.

List your current vendors: Click here to enter text.

Click here to enter text.

We, (your company’s name) Click here to enter text. , would like to apply to be Copterlab Limited Company Reseller for Consumer Electronic Products. **We agree to keep the dealer prices that Copterlab offers to us confidential, not to disclose such information to any third party, and never sell below MAP to end-users**. We understand that violation of this agreement will terminate our business relationship with Copterlab and make us obligated to compensate for any damage caused by the disclosure.

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Signature Name Title Date

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Signature Name Title Date