



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 Username (if required)	Preferred Username

HOW DID YOU HEAR ABOUT US?	
Trade Show / Event (please specify)	Advertisement <input type="checkbox"/> Brochure / Mailing <input type="checkbox"/> Directory _____ <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 (8697) / support@plamod.com

- Business License
- Photos of the storefront