

RIGGING INNOVATIONS INC.

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DEALER APPLICATION

NAME			
COMPANY			
ADDRESS			
CITY		ZIP	
COUNTRY			
PHONE		FAX	
DROP ZONE: Brief description of operation and activity:			
How long have you been in business?			
Number of employees:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part Time	
Type of equipment sales. Estimated sales on major items i.e. Harness/Container, main and Reserve canopies. <i>Where purchased i.e. <u>Manufacturer/Dealer/Both</u>. Please circle.</i>			

TYPE OF EQUIPMENT	ANNUAL \$	QTY	PURCHASED
Harness/Container:			M D B
Reserve Canopies:			M D B
Main Canopies:			M D B

CREDIT REFERENCES:	
	Tel # ()
	Tel # ()
	Tel # ()

What would you estimate your annual UNIT sales of Rigging Innovations products:

Please circle as applicable:
 Do you operate a LOFT facility? **Yes / No. Master / Senior Riggers.**
 If not, do you have access to a Loft? **Yes / No. Master / Senior Riggers.**

DATE: _____

SIGNED: _____

COMPANY:
