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## Serving the Photographic Community Since 1983

Dealer Application					
	COMPANY / BUYE	R INFORMATION ·····			
Company Name	DRΔ·		Tav	ID/FIN:	
		Tax ID/EIN:			
Main Phone:Fax:Fax:	Website URL:	Email Address:			_
Corporate Structure: ☐ LLC ☐ Sole Propriet	orship   Corporation Partnership	Owner's Name:			-
Buyer's Name:	Buyer's Phone:		Buyer's Email:		_
Sales Rep. (If Applicable):	AP Contact:	AP Phone:			_
	BILLING / SHI	PPING INFO			
Bill To Address	Ship To Address (If different than billing)				
Street 1:		Street 1:			_
Street 2:		Street 2:			_
City: State/Province:		City: State/Province:			
Zip:Country:		Zip:Country:			_
	RECEIVER / WAF	REHOUSE INFO			
Contact: Receiver Phone:		Delivery Hours:			_
Special Instructions:					_
	ABOUT YOUR BUSINESS	/ ONLINE STORE INFO ····			
Nature of your Business:					_
How will PhotoSol products be sold: □ Di	stributor   Brick & Mortar	☐ Wholesale	☐ Online	☐ Third Party Online	
Online Store URL:		Online Store Seller ID (If Applicable):			_
Name ·	Signature:		Today's D	)ato:	