



New Dealer Application Form

We are always looking for new dealers to expand our network.

If you are interested in becoming a dealer of Master Garden Products, please complete this form.

Dealer Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Company E-mail _____

Company Web Address: _____

Principal Contact: _____ Title: _____

Principal Contact E-mail: _____

Primary Market: _____ Primary Means of Marketing: _____

Number of Physical Store: _____ Physical Store Address:

Store # 1: _____

Store # 2: _____

Store # 3: _____

Store # 4: _____

Store # 5: _____

If more than 5 stores, please attach additional addresses on a separate form

Please list 3 trade references:

1. _____

2. _____

3. _____

Please list Bank Information:

Resale #: _____

Bank Name: _____ Bank Phone #: _____

Bank Contact Name: _____ Bank Account #: _____

**Please fax the completed form to our fax number below or email to
onlinesale@mastergardenproducts.com
Our representatives will be in contact with you.
Thank You for your time and interest.**