

# ALLEN PAINTBALL PRODUCTS, INC. Dealer Application

To qualify as an APP dealer you must complete the following application. Once completed simply Email or select print from your browsers menu then FAX completed application and required documents to:  
ALLEN PAINTBALL PRODUCTS, INC. / 440-359-1985

**Business Type:**

## Business Information:

Name of Company:

Registered Business Name:

Business Mailing Address:

City:  State:  Zip Code:

Business Phone:  Business Fax:

Business Shipping Address:

City:  State:  Zip Code:

Website:

Business Email:

**Main Business Focus:**

## Business Owners Information:

Owner s Name:

Home Address:

City:  State:  Zip Code:

Phone:  Email:

## Business Partner Information (if applicable)

Owner s Name:

Home Address:

City:  State:  Zip Code:

Phone:  Email:

**PLEASE SEND ALL OF THE FOLLOWING DOCUMENTS:**

- \* Photocopy of your resale license or business license
- \* Photocopy of your tax identification certificate

---

Signature of Owner

---

Signature of Partner (if applicable)

Electronic Signature of Owner

Electronic Signature of Partner (if applicable)

*Entering your initials electronically constitutes your acceptance / approval relating to the above information*

Please FAX or Mail or EMAIL completed application and required documents:

FAX TO:  
440-359-1985

EMAIL: [sales@allenpaintball.com](mailto:sales@allenpaintball.com)

MAIL TO:  
ALLEN PAINTBALL PRODUCTS, INC.  
34 WEST INTERSTATE AVE.  
CLEVELAND, OH 44146

QUESTIONS OR COMMENTS? CALL 888-608-7680