



SOCIAL PAINTBALL DEALER APPLICATION

10600 47th Street North, Clearwater, FL 33762

Phone: 727-270-7283 support@socialpaintball.com

PURCHASER AND CONTACT INFORMATION			
DATE:		COMPANY NAME:	
OWNERS NAME:		AUTHORIZED PURCHASERS:	
PHONE NUMBER:		FAX NUMBER	
EMAIL ADDRESS:		WEBSITE:	
BILLING ADDRESS AND STORE INFO			
BILLING ADDRESS:		CITY	STATE ZIP
TYPE OF STORE: (CHECK ALL THAT APPLY) STORE FRONT <input type="checkbox"/> INTERNET STORE <input type="checkbox"/> PAINTBALL FIELD <input type="checkbox"/>		NUMBER OF LOCATIONS (ONLY IF STOREFRONT OR FIELD)	
FEDERAL TAX #:		STATE RESALE #:	
DATE BUSINESS OPENED:		BUSINESS DBA:	
CHECK BOX IF SAME AS BILLING ADDRESS <input type="checkbox"/>			
MAILING ADDRESS AND STORE INFO			
MAILING ADDRESS:		CITY	STATE ZIP

THE UNDERSIGNED HEREBY MAKES AN APPLICATION FOR WHOLESALE PURCHASING FROM SOCIAL PAINTBALL OR COMPANIES OWNED BY SOCIAL PAINTBALL AND WARRANTS THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

OWNER'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

PLEASE SUBMIT A COPY OF YOUR RETAIL CERTIFICATE/LICENSE WITH YOUR APPLICATION.

APPLICATIONS CAN BE EMAILED TO SUPPORT@SOCIALPAINTBALL.COM, OR MAILED TO THE MAILING ADDRESS AT THE TOP OF THIS FORM.