

Dealer Application

Business Name:		Year Founded:		
Fed Tax ID/EIN #:	Resellers Number #:			
Please provide a copy of your	Sales Tax Exemption ce	ertificate.		
Contact Name:		Contact Number:		
Address				
City:	State:	Zip Code:		
Store Owner's Name:(If different than applicants)				
Social Security#:	I	Birthdate:		
Website:	Email:			
Type of Business:				
Retail Store: Pool Room:	Online Reseller: _	Tournament: Other:		
		ny:		
		otage of Business:		
Cue and Table Brands Carrie	ed:			
Do you offer in-house cue serv				



Number of Cues Stocked:		
Price Range of Cues Sold		
\$0 to \$199\$200 to \$399\$400 to \$599\$600 to \$799\$800 to \$999\$1,000 and up		
Approximate current yearly sales:		
Please describe your current interest level in becoming	g a Jacoby Custom Cue	Dealer
 Looking to start selling in in the next 3 months Looking to start in 6 months Looking to start in 12 months Ready to buy today 		
Please include any additional information that may	be relevant:	
Active Trade References:		
(Name)	(Phone)	
Please provide a picture of your shipping area, retail d	isplay, billiard room, o	r tournament display.
If your company qualifies to become a dealer, a Jacoby C to discuss further opportunities. Thank you for your inte	•	•
I certify that all of the information above is true and accurate. used to gain access to verify credit worthiness through the use		rmation given above will be
	Date	(Applicant signature)