



RIGGING INNOVATIONS, INC.

Dealer Sales Application

NAME			
COMPANY			
ADDRESS			
CITY		ZIP	
COUNTRY		EMAIL	
PHONE		Website	
DROP ZONE: Brief description of operation and activity:			
How long have you been in business?			
Number of employees:	Full time	Part Time	
Estimated sales on major items i.e. Harness/Container, main and Reserve canopies.			

TYPE OF EQUIPMENT	ANNUAL SALES	QTY
Harness/Container:		
Reserve Canopies:		
Main Canopies:		

CREDIT REFERENCES:

	Tel # ()
	Tel # ()
	Tel # ()

What would you estimate your annual UNIT sales of Rigging Innovations products:

Please circle as applicable:
 Do you operate a LOFT facility? **Yes / No. Master / Senior Riggers.**
 If not, do you have access to a Loft? **Yes / No. Master / Senior Riggers.**

DATE: _____

SIGNED: _____

COMPANY: _____