



AJP PAINTBALL DEALER ACCOUNT APPLICATION

BUSINESS CONTACT INFORMATION

Name:		Title:	
Company name:		Phone:	
Fax:	Website:		
E-mail:			
Registered company address:			
City:		State/Province	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS INFORMATION

Primary business address:		
City:	State/Province	ZIP Code:
How long at current address? (or scheduled open date)		
Telephone:	Fax:	
Type Of Business: (e.g. Field, retail, distributor, etc.)		
Physical Description Of Location: (i.e. If we should want to visit, what should we look for. (e.g. store front, etc.)		

BUSINESS/TRADE REFERENCES

Please supply us with one or more of the following references:

Other Suppliers	
Photo Of Store	
Trade Reference	
Other	

Signatures

Print Name:
Date:

Mail or Fax completed application to:

AJP Paintball	Phone: 1-866-763-5623
402-44 th Street East	Fax: 1306-975-0324
Saskatoon, SK, Canada	
S7K 0W1	

Please supply us with a copy of your business License: This must be a clear and readable copy.

Please supply us with your IRS# (EIN "Employer Identification Number")