AQUAMASTER - DEALER APPLICATION FORM

Trading Name:

Legal Company Name:

Address:

Address:

City: **Post Code:** **Country:**

Email: **Phone:** **Fax:**

Website:

Shipping Address if different from above:

Billing Address if different from above:

Type of Business:

- ☐ **Live aboard vessel Operator**
- ☐ **Diving Operator**
- ☐ **Snorkelling / Tour**
- ☐ **Resort or Hotel**
- ☐ **Retail activity**
- ☐ **Course Director Shop**

Other:

Date Established: **Annual Sales:**

Owner / Main Contact **Phone:**

Autorized Buyer 1

Name: **Signature:**

Autorized Buyer 2

Name: **Signature:**

Autorized Buyer 3

Name: **Signature:**

Trade References:

Company:

Contact Name: **Phone:**

Company:

Contact Name: **Phone:**

Company:

Contact Name: **Phone:**

Name: **Authorized Signature**

Title: **Date:**

Please, fill in the complete form and fax together with copies all company documents to +66 (0)76 286 191. Applications must be signed and stamped by one of the company directors who has signatory rights for the company. For the application to be considerated, the company has to be a dive business, proof of this will may be requested. Terms and conditions apply (subject to change).

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