



DEALER APPLICATION

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A wholly owned subsidiary of Atlas Model Railroad Co., Inc

ALL APPLICANTS FOR AN AUTHORIZED ATLAS DEALERSHIP ARE REQUIRED TO SUBMIT THE FOLLOWING:

1. A fully completed and returned application form (including references).
2. A copy of resale/tax certificate.

TO BE FEATURED ON OUR ON-LINE DEALER LOCATOR, PLEASE ALSO SUBMIT THE FOLLOWING:

1. Photographs of the inside and outside (including marquee) of store.
2. A copy of your white pages, yellow pages or on-line listing.

For Atlas Approval:
Date: _____
Initials: _____

Date: _____

Dealer Name: _____ Phone: _____

Dealer Address: _____ Fax: _____ Is this line dedicated? _____

City: _____ State: _____ Zip(+4): _____ Country: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip(+4): _____ Country: _____

Web Address: _____ Email Address: _____

How long have you been in business? _____ Which model train scales do you carry? N HO O Other _____

Type of Store: Train Shop General Hobby Shop Other _____ Store Location: Downtown Shopping Center Other _____

Annual sales: _____ What percent of sales is Mail Order? _____ What percent of sales is Internet? _____ What percent of sales is trainshows? _____

Do you offer repair service? _____ Do you special order? _____ What are your store hours? _____

Is your business a: Proprietorship Partnership Association Corporation Other _____

Owner Name(s): _____

What hobby manufacturer(s) do you currently buy from? (US or International): _____

Buyer's Name: _____

Will you accept back orders? Yes No

BANK & TRADE REFERENCES

OPEN ACCOUNT CONSIDERATION: We require your company to have been open for **12 months** or longer under present ownership, and your references for an **Open Account** to have been active for **12 months** or longer. First reference must be a bank, second must be hobby distributor.

Bank Name: _____

Address: _____

City/State/Zip+4: _____

Contact Name: _____

Phone #: _____

Account #: _____ Checking Savings

Name: _____

Address: _____

City/State/Zip+4: _____

Contact Name: _____ Phone #: _____

Hobby Distributor Name: _____

Address: _____

City/State/Zip+4: _____

Contact Name: _____ Phone #: _____

Name: _____

Address: _____

City/State/Zip+4: _____

Contact Name: _____ Phone #: _____

This form is not to be construed as a contract. We reserve the right to refuse to sell to any business or individual. Applicants for an authorized Atlas Dealership are subject to approval.

I hereby certify that all of the above information is true and factual to the best of my knowledge. _____

Owner/Officer Signature Required

Please return by fax "Attn: Gigi Kisiling" or send via email to gkisling@atlasrr.com