



Dealer Application

Identity Crisis Paintball, Inc. would like to thank you for your interest in becoming a part of our team. Please completely fill out the form below and return it to us for dealer consideration.

Business Organization Type:

Corporation Partnership Franchise Sole Proprietorship

Business Type:

Paintball Store Paintball Field Sporting Goods Other:
 Online Retail

Business Information:

Company Name: _____ Date Established: ___/___/___

Registered Business Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Business Phone: _____ Business Fax: _____

Business Email: _____

Website: _____

eBay User ID: _____

Referred By: _____

Business Shipping Address: _____

ATTN: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Accounting Information

Accounts Payable Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Please Attach Photocopies of All The Following Documents:

- Resale license or business license Tax ID certificate
 Voided check with business name Photograph of store front (if retail)

Preferred Method of Payment:

- Credit Card PayPal Net Terms (additional credit application required)

Signature of Owner

Signature of Partner(s)
(if applicable)

Please Fax or mail the completed application and all required documents to:

Identity Crisis Paintball
ATTN: Dealer Application
1611 James Avenue
Saint Paul, MN 55105
Fax: (612) 435-9830