

DEALER APPLICATION FORM

Departement of international trade







FORM D1

APPLICANT INFORMATION

Company Name:				Date:
Owner's Name:	er's Name: First		ddle	Last
Social Security #:		Fe	d Tax ID #:	
United States Applicants	number and street			
Business Address:	city or town, state, and ZIP code			
Shipping Address: Same As Business Address				
Phone Number:				
Email:			Website:	
BUSINESS SURVEY				
Do you sell metal detectors now?		☐ No	Yes 🗌	If so, what brands?
Do you or your employees use metal detectors as a hobby?		☐ No	Yes 🗌	If so, what model is used?
Are you planning to present our metal detectors at exhibitions and gatherings of treasure hunters?		☐ No	Yes 🗌	yes or no
Do you have YouTube channel?		☐ No	Yes 🗌	If so, please tell us the name
Do you have a social media account such as FaceBook,Twitter, Instagram?		☐ No	Yes 🗌	If so, what the account name is
Authorized:			Date:	