

*Advanced Rescue Technology
Alaska Journal of Commerce
Anchorage Daily News
Aviation Consumer
Australian Modern Boating
Bangor Daily News
Boating-Highways
Equipped to Survive®
Handguns
Maritime Reporter and Engineering News
Northwest Yachting
Ocean Navigator
Ocean Voyager*

*Outdoor Life
Practical Sailor
Sail
SeaKayaker
SnoWest
Soundings Magazine
Southern Boating
The History Channel
The Northern Peace Officer
The New York Times
The Seattle Times
USA Today
Wooden Boat*

Your customers are hearing about our hot LASER signaling products...

Now it's your chance to have them in stock when they get ready to buy.

Become an Authorized Dealer to offer these incredible Safety Devices in *your* store.

Dealer Application Request Form

Complete the Dealer Registration Form below and press "Submit".

OR, Print the Dealer Registration Form to mail or fax it to us at:

Greatland Laser
P.O. Box 221407
Anchorage, AK 99522-1407
Telephone: 907-245-4475
Fax: 907-245-4599
Email: info@greatlandlaser.com

After our receipt of your form, we will mail you the current Dealer Price List. Authorized dealers should have an established venue for product sales such as a retail store or catalog sales. Minimum of 12 units required for dealer orders. First order prepaid with a credit card (Visa, MasterCard and American Express accepted). Open account terms available upon completion of a separate Credit Application Form and approval of credit.

GREATLAND LASER
AUTHORIZED DEALER APPLICATION FORM

COMPANY NAME:
OWNER'S NAME:
TITLE:

BILLING ADDRESS:
CITY:
STATE:

ZIP:

SHIPPING ADDRESS:
CITY:
STATE:

ZIP:

TELEPHONE:
FAX:
EMAIL:
WEBSITE:

DO YOU HAVE A CATALOG?
HOW OFTEN IS IT UPDATED?

PRIMARY CONTACT:

D&B RATED YES NO
D&B RATING

YEARS IN BUSINESS:
YEARS UNDER PRESENT OWNERSHIP:
TOTAL ANNUAL SALES VOLUME:
ESTIMATED VOLUME WITH GREATLAND LASER:

HOW DID YOU HEAR ABOUT GREATLAND LASER?

<input type="checkbox"/>	Article/News Story	Name of Publication: _____
<input type="checkbox"/>	Trade Show	Name of Trade Show: _____
<input type="checkbox"/>	Manufacturer's Sales Rep	Name of Sales Rep: _____
<input type="checkbox"/>	Customer Inquiry	
<input type="checkbox"/>	Other	Please Describe: _____

SUBMIT

PRINT