



PARKFLYERS R/C DEALER PACKAGE





PARKFLYERS R/C APPLICATION FORM

FAX TO (732)363-6874

PH (732)363-6181

| | | | |
|---|--------------|----------------------|-------------------------------|
| Business Name: | | Owner Name: | |
| Address: | | | |
| City: | State: | Zip: | |
| Daytime Phone () | Fax: () | | |
| Email Address: | | | |
| Payment: (circle one) | Money Order | Visa | Mastercard Discover Paypal |
| Name As It Appears On Card | | | |
| Credit Card Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | | | Billing Zip |
| Expiration Date: _ _ / _ _ | CVC Code: | Signature X _____ | |
| Drop Ship Account: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Business References: | | | |
| | Company Name | Contact Name | Contact Phone Number Account# |
| 1) | _____ | _____ | () _____ |
| 2) | _____ | _____ | () _____ |
| 3) | _____ | _____ | () _____ |
| Years in Business _____ Website Address _____ | | | |

