



Edson Marine Dealer Application

Legal Business Name: _____
Trade Name/DBA: _____
Contact Name: _____
Contact Title/Function: _____
Contact Email: _____
Contact Phone #: _____
Billing Address: _____
Billing Address Line 2: _____
City: _____
State/Province: _____
ZIP/Postal Code: _____
Country: _____
Do you have a previous
account with Edson?: _____
Prev Account Code: _____
Provide a brief description
of your business: _____

Number of stores _____
Number of employees _____
Do you sell online _____
What % of sales are online _____
Website address _____
Instagram/FB addresses _____
What products are you
interested in selling _____
8BEN _____
Please attach resale
certificate and business
license _____