



FOR OFFICE USE ONLY

Date Issued:

Date Returned:

Action:

Sun Path Products, Inc. 404 W Edinborough Ave. Raeford, NC 28376 (910) 875-9002

DEALERSHIP APPLICATION REQUEST

Thank you for your interest in Sun Path Products Inc. Our Dealer Application Process assures that new dealers meet our company's qualifications. The process usually takes approximately 30 days after receiving a completed application. Please fill out the information below completely and accurately so we can evaluate your request fairly.

By submitting this application, Applicant acknowledges and agrees to the following:

- This application is submitted for review by Sun Path Products, Inc., its offices, and employees. In reviewing this application, we may investigate and evaluate the credit worthiness, general reputation, character, background, and business experience of the applicant.
- This application does not bind applicant to accept, nor does it obligate Sun Path Products, Inc. in any way to offer a Dealer agreement.
- Any material misrepresentation or omission, intentional or unintentional, in the information supplied by the applicant in connection with this application shall constitute grounds for immediate termination of any Dealer agreement subsequently entered in to by the applicant and Sun Path Products, Inc.
- Sun Path Products, Inc requires a minimum quota of ***10 rigs ordered per two fiscal years*** to maintain a dealership. If you do not think that you can maintain that level of sales, please ask us about Sub-Dealerships available through our present Dealers.
- All Dealerships are subject to yearly or periodic review and evaluation.

*****PLEASE MAKE SURE THAT YOU FILL OUT THE FORM COMPLETELY AND CLEARLY. THIS IS OUR TOOL TO EVALUATE YOUR REQUEST AND LACK OF INFORMATION WILL BE CONSIDERED GROUNDS FOR DISMISSAL*****

GENERAL INFORMATION

Company Name: _____

Contact Person: _____ Position: _____

Address: _____

Country: _____

Phone: _____ Skype/Whatsapp: _____

E-mail: _____

Website: _____

Facebook: _____



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BUSINESS INFORMATION

Type of Business (please mark all that apply)

Drop Zone	Gear Store on DZ	Rigging Service on DZ
Gear Store off DZ	Rigging Service off DZ	Online Store
Manufacturer	Other	(Please specify) _____

Nearest large city and your proximity: _____

What Drop Zone do you serve? _____

Please describe your facilities (also include pictures in attachment):

What services do you offer?

Hours of Operation: Weekdays _____ Weekends _____

Where are you located in relation to other Dealers in your area?

COMPANY HISTORY

How many years have you been in business?

Are you currently a Sub Dealer for Sun Path Products, Inc.?

Who is your present Dealer? _____

If so, how many Sun Path Products, Inc. rigs do you sell per year?

What other companies and manufacturers are you currently a Dealer or Sub Dealer for?

Have you ever been terminated as a dealer of any product?
If so, please explain why

Do you currently have any Sub Dealers working under your current Dealerships?
If so, how many? _____



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Please attach the following information for each of your Sub Dealers on a separate sheet:

- Business Name
- Primary Contact Name
- Location
- How long you have been doing business with this Dealer

In the past, have you manufactured or sold skydiving equipment? _____ What types? _____

How many Sun Path Products, Inc. rigs do you expect to sell in your first year? _____

Are you aware that Sun Path Products, Inc requires a minimum of 5 rigs ordered per year to maintain a Dealership?

What are your goals as a Sun Path Products, Inc. Dealer? _____

Do you have a business or strategy plan for the next 12-24 months? _____ (Please explain and attach copy)

BUSINESS REFERENCES

Please list 4 business references of which you are currently doing business with. **BE SURE TO INCLUDE THEIR FULL ADDRESS, CONTACT PERSON NAME, PHONE, SKYPE/WHATSAPP, AND E-MAIL ADDRESS.**

1. Name: _____
Address: _____
Phone: _____ Skype/Whatsapp: _____
E-mail: _____

2. Name: _____
Address: _____
Phone: _____ Skype/Whatsapp: _____
E-mail: _____

3. Name: _____
Address: _____
Phone: _____ Skype/Whatsapp: _____
E-mail: _____



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4. Name: _____

Address: _____

Phone: _____ Skype/Whatsapp: _____

E-mail: _____

DROP ZONE INFORMATION

If you serve more than one DZ, please list the same information for all of them on a separate sheet

Affiliated Drop Zone (if you are not one): _____

DZ Phone: _____ Skype/Whatsapp: _____

Contact Person: _____

E-mail: _____

Drop Zone Address: _____

How many students does your DZ license during a year?

How many students are retained after student status?

Type of student and other training available at your Drop Zone:

Do you have student gear available?

What models? _____

Do you have rental/demo gear available?

What models? _____

Is there a gear store on-site?

Name of Gear Store: _____

Is there a rigging loft on-site?

Name of rigging loft: _____

Do you operate year-round?

If not open year-round, what months does your dropzone operate? January February March April May
June July August September October November December

What are the busiest months for your dropzone (best weather for jumping)? January February March April
May June July August September October November December



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Tell us about your clientele and the sport market in your area:

Four horizontal lines for text entry.

What is the aircraft capacity at your dropzone?

What is the boogie schedule at your dropzone? _____

Tell us about the facilities at your dropzone: _____

Additional Comments:

Four horizontal lines for text entry.

PERSONAL INFORMATION

Please tell us about your skydiving and business experience.

Total Jumps

Years in the sport

Skydiving Ratings & Licenses

Horizontal line for text entry.

Do you have any previous experience in the skydiving business?

Please explain

Two horizontal lines for text entry.

Additional Comments:

Five horizontal lines for text entry.



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ATTACHMENTS REQUIRED

Please remember the more information we have about you and your business, the better we can evaluate your ability to meet our Dealer qualifications

- Pictures of your facilities
- At least two letters of recommendation
- Strategic plan for 12-24 months or business plan
- Copy of your business license
- Sub Dealer information (if applicable)

Please be sure that you have completed all the information requested above. We will be happy to take your request into consideration. Please don't hesitate to contact us if you have any questions or if you require additional information. Once again, thank you for your interest in Sun Path Products, Inc. We look forward to doing business with you.