

BOWJAX INC
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DEALER APPLICATION

Your Business Name: _____

Ship to Address: _____

City: _____ State: _____ Zip: _____

PHONE: _____ Alt. Phone _____

FAX _____ Cell _____

EMAIL _____ Contact Name: _____

tax ID no. _____

CREDIT REFERENCES:

1. Business Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

2. Business Name _____

Address _____

City _____ State _____ Zip _____

EMAIL THIS FORM TO : bowjax@bowjax.com or fax to: 208-762-4297

Signature _____ Date _____