



GILSSON TECHNOLOGIES™
Think, Envision and Innovate!™
MANUFACTURER OF QUALITY GPS PRODUCTS

www.gilsson.com
dealers@gilsson.com

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Phone: 510.940.7777 / Fax: 510.740.3459

DEALER APPLICATION - PART I

Type of Dealer (please check all applicable boxes)

☐ Marine ☐ Recreation ☐ Mobile ☐ Aviation

Business Name: _____

D/B/A: _____ Federal Tax ID #: _____

Address: _____

How many years at address: _____

Website URL (for inclusion in our dealer directory): _____

Telephone: _____ Fax: _____ E-mail: _____

Former Business address (if applicable) _____

Preferred Payment Method (please check one)

☐ Credit Card#: _____ - _____ - _____ - _____ Visa and MasterCard ONLY (2% surcharge applies)

Exp. Date: ____/____

Name on the Credit Card: _____

Billing Address of Credit Card: _____

☐ Wire Transfer

☐ Company Check

☐ PayPal.com (2% surcharge applies)

☐ Western Union

☐ Purchase Order – only on approved credit terms accounts

Preferred Method of Shipment: _____

Approximate quarterly GPS accessories

purchase volume (For assigning price tier level): _____

(To become a Gilsson Dealer, opening order must exceed \$250 in accessories.)

Ownership (please check)

☐ Sole Owner

☐ Partnership

☐ Corporation

Principal: _____

(name)

(title)

(S.S. #)

(home address)

Principal: _____

(name)

(title)

(S.S. #)

(home address)

Buyer: _____ Sales Manager: _____ Accts Payable: _____

Written Purchase Order Required? (Check One)

☐ Yes

☐ No

Trade References (Contact Name, Company Name, Address, Phone/Fax number and Account Number)

1) _____	2) _____
_____	_____
_____	_____
3) _____	4) _____
_____	_____
_____	_____

Bank Reference:

_____	_____	_____	_____
(name)	(address)	(phone/fax# - REQUIRED)	(acct # and acct type)
_____	_____	_____	_____
(name)	(address)	(phone/fax# - REQUIRED)	(acct # and acct type)

I hereby authorize my bank(s) _____ to release credit-related information on account # _____ to Gilsson Technologies.

_____	_____	_____
(signature)	(title)	(date)

DEALER APPLICATION - PART II

Number of Employees: _____ Est. Annual Sales:\$ _____

Has the Firm or any of its Principals ever filed bankruptcy? ☐ Yes ☐ No

If Yes, Please Explain: _____

Any misrepresentation in this application will be considered evidence of a fraud, since this information is the basis for granting dealership. As an inducement to grant dealership, the undersigned warrants that the information is true and correct. Gilsson Technologies is authorized to investigate the credit references listed. Gilsson Technologies reserves the sole right in granting, denying dealer applications and changing its pricing structure.

_____	_____	_____
(signature)	(title)	(date)

INTERNAL USE ONLY

Dealership Approved ☐

Dealership Denied ☐

Dealer Type: Marine ☐

Recreation ☐

Mobile ☐

Aviation ☐

Payment Credit Card ☐

PayPal.com ☐

Western ☐

Wire Transfer ☐

Company ☐

Purchase ☐

Method: ☐

Union ☐

☐

Check ☐

Order ☐

Date: _____

Comments: _____