



BOAT DEALERS ONLY-DEALER APPLICATION

Please complete the form below and email it to:

info@boatcoversonly.com

BUSINESS INFORMATION

Business

Name: _____

Owner/Manager Name: _____

Business

Address: _____ **City** _____ **State** _____

Zipcode _____

Business Phone Number: _____

Email Address: _____

Website (If

Applicable): _____

Social Media

Handles: _____

Business Type:

(check all that apply)

- ☐ **Boat Dealership**
- ☐ **Marine Flooring**
- ☐ **Marine Repair/Service**
- ☐ **Upholstery Shop**
- ☐ **Custom Fabrication**
- ☐ **Mobile Marine Services**
- ☐ **Other:** _____

Business Details:

Years in Business: _____

Estimated Monthly Boat Sales (if applicable): _____

Federal Tax ID (EIN)# _____

Sales Tax Certificate (if applicable): _____

Do you currently offer custom covers?

- ☐ **Yes**
- ☐ **No**

Do you currently use a Prodim Proliner? _____