



RCP CUSTOMER APPLICATION
14545 Valley View Ave. Suite S, Santa Fe Springs, CA 90670

Contact Information:

Your Name _____ Email : _____
Office Phone#: _____ Cell #: _____ Fax #: _____
Your Company Name _____ Website _____
Main Address: _____
City: _____ State: _____ Zip: _____
Country: _____

Background Information:

Business Type: Distributor () Reseller () Other : _____

Your Main Market /Customer Base/Region _____

of Employees _____ Year Established _____

Company Revenue Last Year \$ _____ Projected Revenue This Year \$ _____

Pls tell us about your current outdoor product lines _____

What level of services and support can your company perform for your clients ?

How did you hear about this RCP product line? _____

What is the timeframe do you plan to carry or buy these RCP products?

Tell us your plan to use these RCP products _____

Thank you for your information and look forward to working with you!