



PHOENIX TOYS & NOVELTIES

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WWW.PHOENIXTOYS.COM

DEALER APPLICATION

Company Name: _____

Db: (Store Name): _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

**Principal Owner/Officer: _____

**Social Security # / Federal ID#: _____

Purchasing Agent/ Contact: _____

If affiliate or subsidiary please indicate parent company below

Company Name: _____

Db: (Store Name): _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Type of Operation: (Check all that applied)

☐ Retail Store(s) (list store location below if different from above address)

Store Location: _____

☐ Retail On-line/mail order (Please List on-line website below or mag.)

Website: _____

☐ Distributor: Area cover _____

☐ Others: (please briefly explain what you do) _____

Please List other Die Cast brand you currently carry: _____

Company _____ Date _____

Signature (Owner) _____ Print Name _____

Date Organization Establish _____

Type of Organization

☐ Sole Proprietor

☐ Partnership

** Please enter social security number and home address in the Parent company section

Corporation

Date Incorporated: _____

State Incorporated: _____

Fiscal Year End: _____

Resale Number (CA only): _____

Purchase Order used?

☐ Yes

☐ No

Line Interested to carry

☐ Unique Replica

☐ Hobby Gear

☐ Toy Diecast (Metallic Team, Metal World, Phoenix Wing)