



PARKFLYERS R/C DEALER PACKAGE





PARKFLYERS R/C APPLICATION FORM

FAX TO (732)363-6874

PH (732)363-6181

Business Name:		Owner Name:	
Address:			
City:	State:	Zip:	
Daytime Phone ()	Fax: ()		
Email Address:			
Payment: (circle one)	Money Order	Visa	Mastercard
		Discover	Paypal
Name As It Appears On Card			
Credit Card Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _			Billing Zip
Expiration Date: _ _ / _ _	CVC Code:	Signature X _____	
Drop Ship Account: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Business References:			
	Company Name	Contact Name	Contact Phone Number Account#
1)	_____	_____	() _____
2)	_____	_____	() _____
3)	_____	_____	() _____
Years in Business _____ Website Address _____			



PARKFLYERS R/C - DROP SHIP ORDER FORM

ITEMS # AND DESCRIPTION	COST	QTY	TOTAL

Ship Items To:

- Drop Ship To Customer
 Ship Direct To Dealer

Customer Drop Ship Address	Dealer Name/Account#
Customer Email (for tracking) -----	

Choose Shipping Method: UPS Ground USPS Priority Mail (2 Day)