



**One Stop Dive Centre Co., Ltd.**  
**Dealer Application Form**

Please complete and fax together with a copy of company documents to +66 (0) 7563 7929

**Trading Name**

**Legal Company Name:**

**Address:**

**Address:**

**City:** **Post Code:** **Country:**

**Email:** **Phone:** **Fax:**

**Webpage:**

**Shipping Address if different from above:**

**Billing Address if different from above:**

**Type of business:** **Date established:**

**Annual sales:**

**Owner / Main Contact:** **Phone:**

**Authorized Buyer #1** **Name:** **Signature:**

**Authorized Buyer #2** **Name:** **Signature:**

**Authorized Buyer #3** **Name:** **Signature:**

**Trade References:** **Company:**

**Contact Name:** **Phone:**

**Company:**

**Contact Name:** **Phone:**

**Company:**

**Contact Name:** **Phone:**

**Authorized Signature:** **Printed Name:**

**Title:** **Date:**

Please complete the above form to the best of your ability and fax together with copies all company documents to +66 (0) 75637929. Applications must be signed and stamped by one of the company directors who has signatory rights for the company. For the application to be considered the company has to be a dive related business, proof of this will may be requested. Terms and conditions apply (subject to change).