



Hatcams LLC  
 168 North Plains Industrial Rd, Unit 46  
 Wallingford, CT 06492  
 203.303.7250 | hatcams.com

Thank you for your interest in retailing Hatcam™ products. Please print, complete and mail this application to the address above.

Today's Date : \_\_\_\_\_ Business Name : \_\_\_\_\_

Date Business Established : \_\_\_\_\_ Business Phone : \_\_\_\_\_

Business D.B.A. : \_\_\_\_\_ Business Fax : \_\_\_\_\_

Business Street Address : \_\_\_\_\_ Email : \_\_\_\_\_

City : \_\_\_\_\_ State / Province : \_\_\_\_\_ Zip / Postal Code : \_\_\_\_\_

Shipping Address (if different) : \_\_\_\_\_

City : \_\_\_\_\_ State / Province : \_\_\_\_\_ Zip / Postal Code : \_\_\_\_\_

Business License No. (Tax ID) : \_\_\_\_\_ Web Site : \_\_\_\_\_

Business Location (Circle One) : Mall Warehouse Commercial Store Front Other : \_\_\_\_\_

Primary Revenue Source (Circle One) : Internet Retail Resale to Dealers Mail Order

Retail Store Front Retail Sales Other : \_\_\_\_\_

Type of Business (Circle One) : Corporation Partnership Proprietorship Other : \_\_\_\_\_

Name & Home Address of Principals

1. Name : \_\_\_\_\_ Title : \_\_\_\_\_

Home Address : \_\_\_\_\_ City : \_\_\_\_\_

State / Province : \_\_\_\_\_ Zip / Postal Code : \_\_\_\_\_ Phone : \_\_\_\_\_

2. Name : \_\_\_\_\_ Title : \_\_\_\_\_

Home Address : \_\_\_\_\_ City : \_\_\_\_\_

State / Province : \_\_\_\_\_ Zip / Postal Code : \_\_\_\_\_ Phone : \_\_\_\_\_

3. Name : \_\_\_\_\_ Title : \_\_\_\_\_

Home Address : \_\_\_\_\_ City : \_\_\_\_\_

State / Province : \_\_\_\_\_ Zip / Postal Code : \_\_\_\_\_ Phone : \_\_\_\_\_