



FOX APPLICANT QUESTIONNAIRE

Please email-completed document back to us at newdealereu@foxhead.com

QUESTION:	ANSWER:
WHERE IS YOUR STORE LOCATED?	
IS YOUR BUSINESS A MOTORCYCLE, BICYCLE, FOOTWEAR, EYEWEAR OR SPORTSWEAR RETAIL STORE?	
DESCRIBE WHY YOUR CURRENT PRODUCT LINE NEEDS FOX.	
IS YOUR BUSINESS HOME BASED?	
IS YOUR BUSINESS FULLY PHYSICAL OR DO YOU HAVE AN ONLINE STORE?	
DO YOU PLAN TO SELL FOX PRODUCT ON AN AUCTION STYLE WEBSITE (EBAY, CRAIGSLIST ETC)? IF SO, HOW OFTEN PER MONTH / YEAR?	
HAVE YOU APPLIED FOR A FOX ACCOUNT PREVIOUSLY? IF SO, WHAT WAS THE OUTCOME?	

Completion of this questionnaire does **NOT** guarantee your store will be authorized as a Fox retailer.

YOUR NAME:	
TITLE:	
COMPANY NAME:	
COMPANY ADDRESS:	
EMAIL ADDRESS:	
TELEPHONE NUMBER:	
FAX NUMBER:	
WEBSITE(S):	