

Thank you for your interest in becoming a Garmin Authorized Reseller. Pending authorization, we will send you the Authorized Reseller Logo and notify our Distributors of your status on the following Monday. Please fill in the blue sections and the additional Store Locations if applicable. Fields marked with an \* are required.

Please complete this application and email a signed PDF (or digitally signed) copy to: reseller@garmin.com

*Company Name:										
*Physical Address:										
*City:					*State:			*Zip Code:		
*Business Tax ID #:				F	ederal or State	Tax ID ac	cepted.			
	Mari	k "Sam	e" if the billing address	s is the si	ame as nhysic	al addri	ess: if na	nt nlease include hil	lina ac	ldress
*Billing Address:	IVIGIT	· Juiii	c ij tiic biiiiig daaress	o is the st	arric us priysic	ur uuuri	c33, ij 110	rt, pieuse meruue bii	inig uc	uress
City:					State:			Zip Code:		
*Contact Name:							Title:			
*E-mail Address:							THE C.			
*Phone:					Fax:					
Filolie.					rax.					
*1. Please mark v	vith an '	'X" ne	xt to the Garmin produ	uct lines	that you wis	h to res	ell·			
Automotive		ж по	Motorcycle		Marine			Outdoor		
Running/Cycling			Golf		Dog			Archery		
Dive Watches			Other	L	БОБ		ı	Archery		
Dive watches			Other							
2. Please list any other company names under which you sell or operate:										
Name(s):										
Name(s):										
3. Please list any	other st	ore lo	cations on the second	tab of th	nis spreadshe	et belo	w (Addit	tional Store Locatio	ns)	
*4. Please mark w	ith an "	X" nex	t to all categories that	t describ	e how vou in	tend to	resell G	armin products:		
B&M Retail Store			Internet		^Other			explain below		
	elling via	the Ir	ternet, please list all e	-comme		for whice		•	/al (no	eBay or Amazon third
party allowed):										
URL(s):										
URL(s):										
^Other:										
*5. Please list any	y Distrib	utor(s	) that you purchase or	intend t	to purchase G	armin <sub>l</sub>	products	s from:		
Name(s):										
Name(s):										
6. Please list any	Third Pa	rty Pla	atforms that you curre	ntly sell	products on:					
Name(s):										
Name(s):										
*7. Are you awar	e that G	armin	does not authorize de	ealers or	resellers to s	ell via iı	nternet	auctions? (Mark an	swer v	vith "X")
Yes			No							
		Intern	et Sales and Auction Pol	licies are	available from	your cu	rrent Gar	min Authorized Distrib	butor	
supplied in this applica	ation is t t evidenc	rue and e to th	rtify that you have recei d correct. The parties ago e extent permitted by a ivalent of a traditional h	ree to ac	cept a digital i th proper juris	mage of	this sign	ed document as exec	cuted,	as a true and correct original
ļ	Signatu	re of A	pplicant (email is consi	idered e	lectronic sign	ature)				Date

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## **Authorized Reseller Application**

## **Additional Store Locations**

Store Name / Number:		
Physical Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Store Name / Number:		
Physical Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Store Name / Number:		
Physical Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Store Name / Number:		
Physical Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Store Name / Number:		
Physical Address:		
Physical Address: City:	State:	Zip Code:
Physical Address:	State:	Zip Code:
Physical Address: City: Phone:		Zip Code:
Physical Address: City: Phone: Store Name / Number:		Zip Code:
Physical Address: City: Phone: Store Name / Number: Physical Address:	Fax:	
Physical Address: City: Phone: Store Name / Number: Physical Address: City:	Fax:	Zip Code:
Physical Address: City: Phone: Store Name / Number: Physical Address:	Fax:	
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Physical Address: City: Phone: Store Name / Number: Physical Address: City: Phone: Store Name / Number: Physical Address:	State:	Zip Code:
Physical Address: City: Phone:  Store Name / Number: Physical Address: City: Phone:  Store Name / Number: Physical Address: City: City:	State: State:	
Physical Address: City: Phone: Store Name / Number: Physical Address: City: Phone: Store Name / Number: Physical Address:	State:	Zip Code:
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