

MERLIN FLIGHT SCHOOL, LLC DEALER APPLICATION

BASIC INFORMATION:

Date: _____

Dealership Business Name: _____

Primary Business Contact Person: _____

Names of Other Personnel Authorized to Place
Orders: _____

Business Phone: _____ Alternate Phone: _____

Fax: _____ E-mail: _____

Web Site Address: _____

Shipping Address:

Street: _____ City: _____ Zip: _____

Billing Address (if different):

P.O. Box: _____ City: _____ Zip: _____

Business License Number: _____ Issuing Agency: _____

Resale Permit Number: _____ Issuing State: _____

QUESTIONNAIRE:

Do you operate a USHPA certified flight school? _____

How long has your school been in operation? _____

How do you advertise your school? _____

Approximate dollar value of inventory? _____

Do you maintain a store front? _____

Business days & hours open: _____

Are all your instructors USHPA certified? _____

Please list their names and ratings: _____

How many years have you been flying paragliders? _____

How many hours have you logged? _____

What make & model gliders are you currently flying? _____

Please mark the items that you use in your school:

Radios _____ Audio Visual Aids _____ Simulator _____

Winch Towing _____ Tandem Instruction _____

Through what proficiency do you offer instruction? _____

Do you offer any advanced or speciality training or trips & if so please describe them:

What gliders do you train on? _____

How many students do you train each month/year? _____

What percentage of your students purchase equipment at the end of their training? _____

What is the distribution of your sales between new & used gliders?

New? _____ Used? _____

How many of each of the following have you sold in the last twelve months?

Paragliders _____ Harnesses _____ Reserves _____ Accessories _____

PLEASE COMPLETE & RETURN TO:

MERLIN FLIGHT SCHOOL
410 OAK AVE.
SAN ANSELMO, CA 94960

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E-mail: wally@merlinflightschool.com