

Good-One Dealer Application

Company Name: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____

- What you plan to sell:
- Charcoal
 - Woods
 - Smoker Accessories
 - Smokers / Grill
 - All of the Above

* Please Check all that apply

Date: _____

Your Application will be reviewed by the good-one staff, and you will be contacted whether or not you have been accepted to become a dealer.

Any Questions please contact Kelly Critten at 660-663-8861 or Chris Marks 660-605-2478

email: kellyc@thegood-one.com

fax: 660-663-2417