



Hang Glider / Paraglider Dealer Application

Dealership: _____ Date: _____ Business Phone: () _____

Email: _____ Fax: () _____ Home Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Do you operate a flight school? Yes No How long has your school been in operation? _____

Do you advertise in the Yellow Pages? Yes No Dollar value of inventory: _____

Do you have a store front? Yes No Business days and hours open: _____

Are your instructors certified? Yes No Please list names and ratings below. _____

How many years have you been flying hang gliders? _____ How many hours have you logged? _____

How many years have you been flying paragliders? _____ How many hours have you logged? _____

What model gliders are you currently flying?

Please mark the items that you use in your school with an H for hang gliding or P for paragliding:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Radios | <input type="checkbox"/> <input type="checkbox"/> Audio Visual Aids | <input type="checkbox"/> <input type="checkbox"/> Ground School | <input type="checkbox"/> <input type="checkbox"/> Simulator |
| <input type="checkbox"/> Wheels | <input type="checkbox"/> Aero towing | <input type="checkbox"/> <input type="checkbox"/> Winch towing | <input type="checkbox"/> <input type="checkbox"/> Tandem Instruction |

Through what proficiency do you offer instruction? _____

What models do you train on? _____

How many students do you train each month? _____

What percentage of students purchase gliders at the end of training? _____

What is the distribution of your sales between new and used gliders? New % Used %

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

Hang gliders	Paragliders	Harnesses	Parachutes	Variometers
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Do you offer financing? Yes No With which company?

What other manufacturers are you an authorized dealer for?

List and describe your local organizations.

List and describe your local training and flying sites.

Please offer any suggestions for products or services that Wills Wing could provide that would be helpful to your business and the flying community.

Please include a copy of your business card and sales brochure

Completed by:

Title:

Date:

Office Use Only

Date Received

Granted Denied

Reason

%

DNB

By

DL

GFL

By