



DEALER APPLICATION FORM

Date:

COMPANY PROFILE	
Company Name	Contact Name
Will you be applying as a?	Contact Phone
<input type="checkbox"/> Dealer <input type="checkbox"/> LE/MIL <input type="checkbox"/> MasterDealer	
<input type="checkbox"/> Distributor	Contact Email
Organization Type	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	Alternate E-mail
<input type="checkbox"/> Non-Profit <input type="checkbox"/> Other	
Do you conduct online sales?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Company Website
Federal Tax ID	
Sales/Resale Tax ID (if State issued)	

BILLING	
Name (if different from company name)	City/State/Zip
Address	E-mail

SHIPPING (if different from billing)	
Name (if different from company name)	City/State/Zip
Address	E-mail

AUTHORIZED PURCHASERS	
Name	Name
E-mail	E-mail