

# NEW DEALER APPLICATION

APPLICATION DATE

## BUSINESS INFO

### CONTACT INFORMATION

POINT OF CONTACT NAME (POC)

POC TITLE

POC PHONE NUMBER:

POC EMAIL ADDRESS:

### BUSINESS INFORMATION

LEGAL BUSINESS NAME

BUSINESS ADDRESS

CITY

STATE

ZIP

DBA (IF APPLICABLE):

FEDERAL TAX ID#:

### FORM OF OWNERSHIP

SOLE PROPRIETORSHIP

LIMITED LIABILITY COMPANY

PARTNERSHIP

CORPORATION IN THE STATE OF

### ACCOUNTS PAYABLE (AP)

POINT OF CONTACT (POC)

POC PHONE

POC EMAIL ADDRESS

### FFL

FFL NAME:

FFL ADDRESS

CITY

STATE

ZIP

FFL POINT OF CONTACT (POC)

FFL TITLE / POSITION OF POC

FFL POC EMAIL ADDRESS:

**TYPE OF STORE** (CHECK ALL THAT APPLY)

STORE FRONT

ONLINE STORE

**STORE FRONT INFO** (IF APPLICABLE)

STORE FRONT NAME

STORE FRONT ADDRESS

CITY

STATE

ZIP

STORE FRONT PHONE NUMBER:

STORE FRONT EMAIL ADDRESS:

ANNUAL GROSS SALES \$

**ONLINE STORE INFO** (IF APPLICABLE)

ONLINE STORE NAME

ONLINE STORE URL

ONLINE STORE PHONE NUMBER:

ONLINE STORE EMAIL ADDRESS:

ANNUAL GROSS SALES \$

**SIGNATURES**

Signature of Store Owner/Manager

Date

Signature of US Patriot Armory Rep

Date