

# DEALER APPLICATION

Date: \_\_\_\_\_



Please complete the following in its entirety and return to MAFIA OUTDOORS, included must be a copy of your business and resale license, and photos of your establishment. We only sell to licensed operations whose primary business is outdoors, hunting & fishing equipment, supplies, and/or tackle. (If information is faxed, please mail all original copies.) Please type or print clearly.

Legal Firm Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Street Address (Billing): \_\_\_\_\_

Street Address (shipping): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

Business is: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship

Social Security Number: \_\_\_\_\_ Resale Number: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Owners, Partners, Shareholders Home Address City/State Zip Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**BANK INFORMATION:** (We only accept Commercial Checking Account Information) Please include all business accounts including any line of credit information. Please continue on a separate sheet of paper if necessary)

Bank Name: \_\_\_\_\_ Account #(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Trade References** (List three distributors you are currently doing business with):

Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Acct #: \_\_\_\_\_ Contact: \_\_\_\_\_

Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Acct #: \_\_\_\_\_ Contact: \_\_\_\_\_

Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Acct #: \_\_\_\_\_ Contact: \_\_\_\_\_