

## **CONFIDENTIAL DEALER APPLICATION**

## (IF CORPORATION, PAGE 2 MUST BE COMPLETED / SIGNED BY STOCKHOLDERS)

Business Name						
Trade Name Business Location	☐ Home ☐	Retail	Distributor	Shop Hrs.		
Owner(s) Name	□ поше □	Ketall		Snop firs S#		
Owner(s) maine				S# S#		
Home Address			D.	3 #		
Home Address	City:	State:			Zip:	
Home Phone	City.	State	Cell Phone		_ Zip	
		_	Cell I none	_		
Business Address	City	State:			7in.	
D ' DI	City:	Business Fax			Zip: Zrs in Business	
Business Phone		Business rax			rs in Business	
Business Website			В	Business E-Mail		
Billing Address						
	City:	State:			Zip:	
Shipping Address						
	City:	State:			Zip:	
Phone		E-ma	ail			
Are you a member?	NBS	☐ ARRO	Sport	es, Inc.	NABA	
Bank	Υ	A J.J.,			- Cr. r	
	Name Phone:	Addres	ss Fax:	City	State	Zip
Account #	none:				<del></del>	
Name of person(s) wi	ith whom I deal dire	ectly at this bank:				
rume of person(s,	tii wiioiii i acai cii i	ony at this came.				
To my bank: I aut	thorize you to release	any credit information red	quested by Clears	hot Outdoors LLC	of Forney, TX	
<u> </u>						
	Sig	nature		Title		Date
Credit Reference name/	phone					
		(A)	Min 3; Attach extra she	eet if necessary)		
Credit Reference name/	phone					
Sales Tax Exemption C	ertificate #					
Precision Shooting Equipment	ment to receive credit inf	n application for cred formation from any financial r month service charge on th	l institution, supplie	er or consumer / com	mercial credit repo	orting agency.
I have completely read the	applicable PSE Buying	Program and understand the	e terms and goals.			
Requested credit limit						
\$	Applicant Sign	ature			Γ	Date
	CO Applicant	Signature		<del>_</del>	Γ	Date
	Send completed and	I signed application dire	ectly to Clearshot	toutdoors@gmail.	.com.	
_		Outdoors 6335 Lan				



## **CREDIT CARD AUTHORIZATION**

I (we) wish to make credit card purchases of products supplied by Clearshot Outdoors LLC. against our company or personal credit card. I am (we are) authorized to commit and make purchases against the below referenced account. I (we) fully understand that credit will be authorized and verified on each purchase request individually.

This authorization will remain in effect until canceled in writing with the written notice sent to and received by:

Clearshot Outdoors LLC 6335 Lamar Road, Reno, TX 75462

SNT ACCOUNT INFORMATION:								
(Please Print)								
SNT ACCOUNT NUMBER								
BUSINESS NAME								
ADDRESS	CITY	ST	ATE	ZIP				
CREDIT CARD INFORMATION:								
COMPLETE NAME ON CARD:								
TYPE: MASTERCARD □ VISA □ AMERICAN EXPRESS □ DISCOVER □	ACCOUNT NUMBER:			EXP:				
AUTHORIZED SIGNATURE:			TITLE:					
AUTHORIZED SIGNATURE:			TITLE:					
BILLING ADDRESS OF THE CARD:								
ADDRESS	CITY	ST	ATE	ZIP				