

Dealer Account Application

Company Name: _____ **Date:** _____

Company Web Address: _____

Resale License# : _____ **(Please attach copy of Resale License)**

Payment Method: VISA MC AMEX

Credit Card # _____ **Expiration Date:** _____

Name on Card: _____ **Security code # (Found on back of card)** _____

FEIN# _____

Contact Information

Buyers Name: _____ **Accounting Name** _____

Phone: _____ **Phone:** _____

Fax: _____ **Fax:** _____

Email: _____ **Email:** _____

Billing/Shipping Address

Billing Address: **Name:** _____ **Street Address** _____

City: _____ **State** _____

Zip Code _____ **Province** _____ **Country** _____

Shipping Address: **Name:** _____ **Street Address** _____

City: _____ **State** _____

Zip Code _____ **Province** _____ **Country** _____

(Please provide Carrier and account number if freight collect is you preferred shipping method)

Carrier _____ **Account #** _____

Tell us about your business

Who are your customers? Military/Government Cutlery Law Enforcement Sporting Goods Other

What is your main point of sale? Store Front Internet Shows and Expositions

Dealer Requirements (Only completed applications will be processed)

Check when attached Complete and signed agreement Copy of resale License Purchase Order Form

By signing this document I agree that all statements above are true and I agree to comply with the Spartan Blades Terms and Conditions

Signature and Title _____

Date Signed _____