



- New Applicant
- Change Terms

DEALER APPLICATION

Business Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Bus. Phone: _____ Bus. Fax: _____

Ownership: Individual Partnership Corporation

Name of owners:

| Name | Complete Home Address | Phone | Title |
|------|-----------------------|-------|-------|
| | | | |
| | | | |
| | | | |

Company Contact(s): _____

Finance: If you are applying for COD/Check payments, attach a voided copy of a check from the account you will use when making purchases.

Bank(s):

| Name | Address | Branch | Account # |
|------|---------|--------|-----------|
| | | | |
| | | | |

Trade References:

| Company | Address | Phone # |
|---------|---------|---------|
| | | |
| | | |
| | | |

Payment Term Options: COD Visa Mastercard
 Card #: _____ Exp. _____
 Name on card: _____

Signature: _____
 Title: _____ Date: _____

Please return form with a copy of **BUSINESS LICENSE** and **RESALE CERTIFICATE** to
RIFLE

3140 El Camino Real, Atascadero, CA 93422
Toll Free: (800) 262-1237 Fax: (805) 466-9543
International: (805) 466-5880
 Web: <http://www.rifle.com>