



- 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>