



RESELLER APPLICATION

All applicable information must be filled out completely.

Business Name: \_\_\_\_\_

Bill to Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Ship to Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Type of Business: (please check one)

- Corporation  Partnership  Sole proprietor

Owner Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reseller Requirements:

- Operates during regular business hours of 40 or more per week.
 Provides a dedicated retail sales area & phone number available to the general public during business hours.
 Has inventory that is available for sale and displayed for retail customers.
 Complies with applicable federal, state, and local laws and regulations regarding the sale of firearms and related shooting sports products while maintaining a current state business license for retail sales.
 Able to fax or email orders.
 Will provide pictures of the front of your store and your inventory of bullets. These photos will be displayed with your company details on our website (reseller locator page).
 Will provide a minimum of three trade references in the firearms industry, (preferably in reloading).

With this form we are requesting permission for Berger Bullets to publish and/or otherwise use your images. By signing this form you are agreeing to grant permission to Berger Bullets, LLC., to use photographs taken of your store and inventory.

I, \_\_\_\_\_, (please print) hereby waive the right to any royalties or payment arising from or related to the use of the photographs. I hereby warrant that I am 18 years of age or older, I have read and fully understand this document.

X \_\_\_\_\_ (please sign)



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Please answer all the following questions as accurately as possible.

Do you currently stock Berger Bullets? Yes  No

If yes, where do you currently purchase Berger Bullets? \_\_\_\_\_

Are you a member of a Buying Group? Yes  No

If so, which one(s)? \_\_\_\_\_

Do you have more than one location? Yes  No

Does your company have a website? Yes  No

Do you sell product over the Internet? Yes  No

If yes, please provide the direct URL \_\_\_\_\_

Will your company accept backorders on an "as ready" basis? Yes  No

Will you be applying for credit? Yes  No

If yes, please indicate below whether you will provide your credit references or need an application.

(Requesting credit is not required as we do accept prepayments.)

I have attached our credit references  I need an application.

Estimated sales of reloading products this year?: \_\_\_\_\_ Last year?: \_\_\_\_\_

Buyer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide a copy of your FFL and business license with this application.

By signing below you agree that the information checked above is true for your business. Also, that you understand our ability to cancel your reseller status if this information is found to be false.

Reseller Name (please print)

Owner Name (please print)

Owner signature

Date