

Dealer Application

Company Information

Company Name		Principal Owner	
Billing Address			
City	State / Province	Postal Code	Country
Telephone	Fax	Website	
Year Founded	Business Type	Retail Store	Online Store
Other: _____			

Shipping Information

Company Name		Attn:	
Shipping Address			
City	State / Province	Postal Code	Country
Telephone	Fax	Preferred Shipper	

Point of Contact

Name		Title	
Telephone	Fax	e-mail	

Questionnaire

1. What is the usual nature of your business?			
2. Do you have the following licenses? *If you answered "YES", please provide a copy.		FFL	Business License
3. Do you have a store front? *If you answered "YES", please provide a picture.		YES	NO
3. How did you hear about C-MORE Systems?			
3. Do you carry other brands of optics? If so, which brands?			

Certification

I certify that all the facts stated in this document are true and correct to the best of my knowledge and I do not know of any additional facts which are inconsistent with the facts stated. I shall promptly send a supplemental statement to C-MORE Systems, disclosing any change of facts or intentions set forth in this document which occurs after the document has been prepared and forwarded.			
Authorized Company Official	Title of Official	Signature of Official	Date
