



NEW DEALER APPLICATION:

Thank you for your interest in becoming a Tactic Enterprise Dealer! Please complete and email back with all requested information to sales@tacticenterprise.com. Thank you and we look forward to working with you!

COMPANY NAME:

PRIMARY CONTACT:

PHONE NUMBER:

FAX:

PREMISES ADDRESS:

Email Address:

YES, I wish to receive emails on specials, promos and new products.

How did you hear about us? _____

STOREFRONT:

____YES (if yes, please provide picture of storefront)

____NO (If no, please provide E-Commerce website)

COMPANY WEBSITE (if applicable):

FORM CHECKLIST:

If applicable, please send back copy of documents below with completed form:

____ Current FFL

____ Current SOT (if applicable)

____ Retail Sales License / Business License

____ Sales Tax Exemption Form

____ Picture(s) of storefront (Brick & Mortar) or proof of online business (E-Commerce website).

Any additional information you would like to add.
