

DUECK DEFENSE

DUECKDEFENSE.COM

Application for Dealer

Name:	Title:
Company Name:	E-Mail Address:
Web-Site Address:	
Credit Card Billing Address:	Shipping Address:
City/State:	City/State:
Zip:	Zip:
Phone:	Fax:
Sales Tax Exemption Certificate Number (Attach Copy):	
Business License or Occupational License Number (Attach Copy):	
Please Attach a Picture of Your Facility/Store Front or Warehouse Or On-Line Dealers Website:	
Signature:	Date:
Dealer Level Requirement: You must reach an initial Buy-In of \$500.00. And Purchase products totaling \$2,000.00 or more per calendar year to remain a Dueck Defense Dealer.	
I will adhere to Dueck Defense Advertised Price as required (<u>Must not advertise products for less than the Dueck Defense List Price</u>).	
Signature: _____ Date: _____	
Please E-Mail This Completed Form to: sales@DueckDefense.com For More Information on Dealer Price Levels Please Contact us at 714-917-7178 or sales@DueckDefense.com	