

Texas shooters supply

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Thanks for your interest in carrying Texas Shooters Supply products in your store! Please set up an account at our website, complete the form below and submit to register as a wholesale vendor. After reviewing this information we will contact you shortly.

WHOLESALE APPLICATION FORM

WHOLESALE AT LICATION TO CHIM						
		BUSINESS IN	NFORMATION			
Company name				Date busines	s Started	Notes:
DBA or AKA				☐ Sole propi	rietorship	
State TAX Certificate No.				☐ Partnershi		
Federal Tax ID				☐ Corporation	on	
Registered company address				☐ Other		
City, State ZIP Code				☐ Residentia	al Address	
		CONTACT INI	FORMATION			
Primary Contact					Notes:	
Position						
Phone No.						
Fax No.						
E-mail						
SHIPPING INFORMATION						
Ship to			Phone		Notes:	
Address			Fax			
City, State ZIP Code			E-mail			
			Other			
		PAYMENT IN	IFORMATION			
Primary Card:		Visa Master Card American Express Discover ACH			Billing Address if different from Business Address:	
Credit Card #					Street:	
Expiration Date:					City:	
Name as appears on card					State:	
Card Verification Number					Zip Code:	
SHIPPING ADDRESS: Cla	aims arisi	ing from invoices must be made within sev	ven working days.		-	
SIGNATURES						
Cignoture						
Signature						
Name and Title						

By submitting this application, I certify that all information on this application are accurate and true to the

best of my knowledge. In addition, I acknowledge and understand that the wholesale agreement is strictly offered to customers intended to resell TSS products, and TSS reserves the right to reject this application or terminate it at any time. This application does NOT grant credit terms.