

**Attachacam™ & Allied Machine, Tool & Die, Inc.
Retail Dealer Application**

Dealer Requirements

1. Must have storefront with displayed hours.
2. Must abide by and honor MAP pricing.
3. Minimal purchase of inventory.
4. Payment must be acquired before shipment.

Dealer Information

All fields are required for consideration.

Company Name: _____ Amount of years in business _____ yrs.

Name: _____ Title/Position: _____

Mailing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Phone Number (Daytime): (____) ____ - ____ Fax Number: (____) ____ - ____

Email Address: _____

Number of Stores: _____ Number of Employees: _____

Store Hours of Operation: _____

Type of Business (choose one): - Proprietorship - Partnership - Corporation - Other
(If "Other", please explain): _____

Annual Gross Sales (Not a deciding factor): _____

Prominent hunting brands stocked: _____

Website Address: _____

Signed: _____ Date: _____

Must include a copy of company's Vendor/State tax license with application.

Please email, mail, or fax the completed application to:

Attachacam & Allied Machine Tool & Die, Inc.

13430 Kolmar Avenue

Crestwood, Illinois 60445

Request fax number through email: attachacam@gmail.com