



# DISTRIBUTOR/DEALER APPLICATION

|                      |                      |       |                      |
|----------------------|----------------------|-------|----------------------|
| COMPANY NAME         | <input type="text"/> |       |                      |
| PRIMARY CONTACT NAME | <input type="text"/> |       |                      |
| PHONE                | <input type="text"/> |       |                      |
| PHYSICAL ADDRESS     | <input type="text"/> |       |                      |
| CITY                 | <input type="text"/> | STATE | <input type="text"/> |
|                      |                      | ZIP   | <input type="text"/> |
| EMAIL                | <input type="text"/> |       |                      |
| FFL NUMBER           | <input type="text"/> |       |                      |
| BUSINESS WEBSITE     | <input type="text"/> |       |                      |

## SALES TAX EXEMPTION

I hereby certify that unless otherwise stated at the time of order, all purchases from Wraithworks are exempt from State Sales and Use Taxes under current rules and regulations by reason of the fact they are purchased for: **RESALE**

|                          |                      |
|--------------------------|----------------------|
| SALES TAX LICENSE NUMBER | <input type="text"/> |
|--------------------------|----------------------|

## MAP POLICY

It is Wraithworks policy that all authorized dealers adhere to our Minimum Advertised Price (MAP) guidelines. MAP will be strictly enforced.

## TERMS AND CONDITIONS

I certify that the information provided in this application is true and accurate. I understand that to maintain my dealer status, I must agree to meet minimum annual purchase requirements. Wraithworks reserves the right to terminate inactive dealer accounts upon review. No returns will be accepted without prior authorization from Wraithworks in accordance with its return policy. I have read, understand and agree to the above Terms and Conditions.

|            |                      |       |                      |
|------------|----------------------|-------|----------------------|
| SIGNATURE  | <input type="text"/> | DATE  | <input type="text"/> |
| PRINT NAME | <input type="text"/> | TITLE | <input type="text"/> |