



Rooftop Arms Dealer Account

- Application -

Thank you for showing interest in establishing a dealer account with Rooftop Arms. Please note that all information must be completed and attached in order to proceed with the activation of your account. All information within this document will be considered confidential and cannot be shared with other parties. These documents will be kept on file by Rooftop Arms.

Once the required forms are received by Rooftop Arms, they will be reviewed. You will be contacted with any questions. If you have any questions or are awaiting approval, please do not hesitate to contact us. We look forward to doing business with you.

Once your dealer application is approved, Rooftop Arms will send you multiple forms to complete to finalize your dealer account.

Dealer Contract Forms Sent by Rooftop Arms Following Application Approval:

Rooftop Arms Dealer Contract
Rooftop Arms Billing Authorization Form (Attachment B)
Rooftop Arms Dealer Pricing Form (Attachment A)
Rooftop Arms Dealer Purchase Order (PO) Form

Dealer pricing will not be shared until your application is reviewed and approved by Rooftop Arms. By filling out, signing, and submitting the Rooftop Arms Dealer Application you are agreeing to not distribute any/all documents as it pertains to your account. The dealer pricing form, as well as all other dealer documents, are confidential and shall not be shared under any circumstance. Litigation may be initiated if Rooftop Arms determines any of the terms as described in the dealer documents are broken and your dealer account will be revoked. A full description of these terms are listed on the Rooftop Arms Dealer Contract.

Documents to Attach/Send with This Application:

Applicant's Resale License
Applicant's Business License
Applicant's FFL Copy

Please submit all above documents via email or fax with this application.

Rooftop Arms
205 Erie St. SE
Tumwater, WA 98501

Fax: (360) 925-3593
Email: vendors@rooftoparms.com



Contact/Business Information:

Application Date _____

“Customer”/Legal Business Name _____

Federal EIN _____

FFL# _____

Shipping Address (Street) _____

City _____ County _____ State _____

Zip _____

Billing Address (If different) _____

City _____ County _____ State _____

Zip _____

Business Phone # _____ Fax # _____

Website Address _____

Accounts Payable Contact Name _____

Phone # _____ Email _____



Form of Ownership/Store Information:

Corporation in the State of _____

Partnership

Sole Proprietorship

Limited Liability Company

Have you (or a company you had ownership in) ever declare bankruptcy? ~~Y^• KKKKKK [KKK~~

If yes: Year _____

Store Size _____ sq ft

of Employees _____

Est. Gross Annual Sales \$ _____

% of Est. Annual Sales from Firearms _____

of Years in Business _____

Authorized Representative Signature _____ Title _____ Date _____

Printed Name of Authorized Representative _____