



Dealer Locator Application Form

Thank you for your interest in our products. Please Complete the form below to be listed on our dealer locator.

PLEASE PRINT OR TYPE

COMPANY NAME:		
CONTACT/MANAGER NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
EMAIL:		
WEB ADDRESS:		
TAX ID#:		
BUSINESS LICENSE#:		
YEARS IN BUSINESS:		
ARE YOU CURRENTLY SELLING INSIGHT TECH-GEAR PRODUCTS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please include a copy of a recent invoice indicating Insight Tech-Gear products purchased.)</i>		
IF YES, WHO DO YOU CURRENTLY PURCHASE THEM FROM?		

I hereby certify that the above information is valid and correct and that this company is related to selling outdoor equipment, firearms, and firearm accessories.

Signature: _____ Date: _____

Fax back completed form with a copy of your most recent invoice showing Insight Tech-Gear products purchased to: (603) 668-1084