

Cutting Edge Bullets, LLC Dealer Account Application



75 Basin Run Road
 Drifting, PA 16834
 Phone: 814-345-5422
 Fax: 814-345-6506
 www.cuttingedgebullets.com

A Completed Application Must be on File Prior to Ordering at Wholesale Pricing	
Company Name	
Billing Address	
Shipping Address	
Phone	Fax
Web Site	
Accounts Payable Contact	Name:
	Phone:
	Email:
Purchasing Contact	Name:
	Phone:
	Email:
Email address for shipment notifications	
Email address for special promotions (required)	
Resale License/Permit, Sellers Tax Permit or Use and Sales Tax License/Permit	Federal Tax ID number
	State _____ Number _____
(Please fax or enclose a copy of your license.)	
Sales Methods:	<input type="checkbox"/> Wholesale Distribution <input type="checkbox"/> Retail Store(s) <input type="checkbox"/> EBay <input type="checkbox"/> Internet <input type="checkbox"/> Catalog (mailed _____ times a year – approximate circulation _____) <input type="checkbox"/> Other _____
Countries sold to:	
Where you learned about Cutting Edge Bullets:	
How do you plan to pay for your purchases?	<input type="checkbox"/> I will pay by credit card (Visa/MasterCard/Discover). <input type="checkbox"/> I will pay in advance by wire transfer. <input type="checkbox"/> I wish to establish a Net-30 Account with Cutting Edge Bullets (Please complete Credit Application)

Cutting Edge Bullets, LLC Dealer Credit Application



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Please complete the sections below if your company wishes to establish Net 30 terms. We will notify you of your confirmed terms and credit limit within one week. By submitting this form, your company: grants Cutting Edge Bullets, LLC permission to contact credit reporting agencies and the above references regarding applicant's credit history; confirms acceptance of all terms and conditions of sale set forth in the current Cutting Edge Bullets, LLC price list; and acknowledges that payment terms are Net 30 days unless otherwise arranged at or prior to placement of order. Remember, non- payment of invoices may result in revocation of credit terms.

Principal Owner/Officer			
Form of Business	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other		
DUNS Number			
Years in Business		Annual Sales	
Bank Information	Name:	Phone:	
	Address:	Fax:	
	Address:	Account number:	
	Bank Officer:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Credit Reference	Account number:		
	Name:		
	Address:		
	Address:		
	Phone:		
Credit Reference	Account number:		
	Name:		
	Address:		
	Address:		
	Phone:		
Credit Reference	Account number:		
	Name:		
	Address:		
	Address:		
	Phone:		
Credit Reference	Account number:		
	Name:		
	Address:		
	Address:		
	Phone:		
Credit Reference	Account number:		
	Name:		
	Address:		
	Address:		
	Phone:		
Credit Reference	Account number:		
	Name:		
	Address:		
	Address:		
	Phone:		

Cutting Edge Bullets, LLC Dealer Web Listing Form



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Company Name	
Cutting Edge Bullets Account Number (if known)	
<p>Please complete the remainder of this form as you would like the information to appear on the Dealer Directory portion of our website. Return by mail, email or fax (no cover sheet required).</p>	
Contact Information for Dealer Directory	Company Name:
	Address:
	Address:
	Address:
	Phone:
	Fax:
	URL:
	E-mail:
Selling Methods	<input type="checkbox"/> Retail Store(s) <input type="checkbox"/> Web Store <input type="checkbox"/> Catalog/Mail/Phone Ordering <input type="checkbox"/> EBay <input type="checkbox"/> Other