



DEALER APPLICATION

Complete this questionnaire and follow the instructions below, Please allow a minimum of 10 business days for evaluation and a response from Optisan® Optics.

Contact Information

Contact Person: _____ Title: _____

Company Name: _____ Established: _____

Address: _____ City: _____ State, Zip: _____

Business Type: (Check all that apply) Retail Store Online Store I trade on Ebay or Amazon
 Catalog Other (Specify)

Email: _____ Website: _____

Phone: _____ Fax: _____

Business Information

Primary Customer: (Check all that apply) Tactical Hunting Competition Target
 Centerfire Air rifle Black Powder Boating
 Bird Watch Firearms Photography Other

Current Optic Brands Carried: _____

Annual Retail Sales Volume: <\$100,000 \$100,000-\$500,000 >\$500,000

Annual Optics Sales Volume: <\$10,000 \$10,000-\$50,000 >\$50,000

Anticipated Optisan® Sales: _____ How did You hear about us:

Supporting Information

Instructions

Thank you for your interest in Optisan® Optics. After completing and saving the Dealer Application (this form) please include a copy of your State Business and Reseller's Licence and email to sales@optisanoptics.com or fax to (608) 612-0621.