Pioneer Arms USA

Distributed By: 10 RING MARKETING

New Resale Account Set Up Form

Dealer/ Business Name:	
Invoicing Contact Name:	
Accounting Contact Name: (If Different)	
Accounting Contact Email/ Phone:	
Shipping Address:	
Shipping Type:	Freight Charges Are Billed
Special Shipping Instructions If Necessary (i.e. needs lift gate, etc) :	
Terms:	Payment Due On Receipt Of Invoice
Payment Preference- ACH or Credit Card (Credit Card has a 3% fee)	
FFL (Please Attach)	
SOT- Optional (please attach)	
Tax Resale Certificate (Please Attach)	