

Tippmann Armory

Dealer Application

Company Name: _____ Date Established: _____

Business Type: Corporation Sole Proprietorship Partnership

Store Type: Gun Store (#of stores _____) Law Enforcement / Military
 Sporting goods store (#of stores _____)
 Website (Web Address: _____)
 Other (Please Describe) _____

Billing Address

Company Name _____
d.b.a. _____
Address 1 _____
Address 2 _____
City, State, Zip _____
Phone _____
Fax _____
Email _____

Shipping Address

Company Name _____
d.b.a. _____
Address 1 _____
Address 2 _____
City, State, Zip _____
Phone _____
Fax _____
Email _____

FFL # _____

Business Owners' Information

Owner's Name: _____ Email: _____

Home Address: _____

City, State, Zip: _____ Home Phone#: _____

Cell Phone #: _____ Fax#: _____

Purchasing Contact: _____ Phone: _____

Finance Contact: _____ Phone: _____