



**Manufacturer and Exporter of Small Arms Ammunition,
Custom Weapons and Support Systems**

DEALER INFORMATION FORM

Business Name _____

Trade Name (if any) _____ EIN _____

Bill To Address: _____

Ship To Address: _____

Phone _____

Fax _____

E-Mail Address _____ Web Address _____

Type of Business: _____ Wholesale Store Hours: _____

_____ Retail Estimate Annual Sales: _____

_____ Import/Export

Do you currently stock SBR Ammunition? ___ Yes ___ No

If Yes, where do you currently buy SBR Ammunition? _____

Will you accept backorders on an "as ready" Basis? ___ Yes ___ No

Name of individual to contact regarding: Orders _____ Phone # _____

Accounts Payable _____ Phone # _____

Check List: valid FFL or valid business license a business related to the shooting sports industry

valid tax resale license/certificate (Name and address must match license above)

valid SOT for class III items

Send via pdf to info@SBR-USA.com or fax to 912.264.5888