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**Request for Outfitter Account**

*This information will be held strictly confidential.*

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| --- | --- |
| Date: Enter text. |  |
| Business name: Click here to enter text. |
| Business type (corporation, partnership, proprietorship, LLC):  | Click here to enter text. |
| Authorized purchasers: Click here to enter text. |

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| --- |
| Billing address: Click here to enter text. |
| City, State, Zip: Click here to enter text. |
| Phone: Click here to enter text. | Cell: Click here to enter text. |
| Fax: Click here to enter text. |

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| --- |
| Shipping address: Click here to enter text. |
| City, State, Zip: Click here to enter text. |
| Phone: Click here to enter text. | Cell: Click here to enter text. |
| Fax: Click here to enter text. |

|  |  |
| --- | --- |
| Email: Click here to enter text. | Website: Click here to enter text. |
| Outfitter license # (if applicable): |
| Years in business: Enter text. | Years at current location: Enter text. |
| Years in present ownership: Enter text. | Number of employees: Enter text. |
| Primary business: Click here to enter text. |
| Products from NRS that you are interested in: Click here to enter text. |
|  |

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| --- | --- | --- |
| **Signature of Owner or Authorized Officer**  |  | **Signature of NRS Representative** |

**Please include** copies of the business license, insurance policy, and a company brochure or advertisement. (If emailing this form, please fax or attach.)