



Request for Outfitter Account

This information will be held strictly confidential.

Date: _____

Business name: _____

Business type (corporation, partnership, proprietorship, LLC): _____

Authorized purchasers: _____

Billing address: _____

City, State, Zip: _____

Phone: _____ Cell: _____

Fax: _____

Shipping address: _____

City, State, Zip: _____

Phone: _____ Cell: _____

Fax: _____

Email: _____ Website: _____

Outfitter license # (if applicable): _____

Years in business: _____ Years at current location: _____

Years in present ownership: _____ Number of employees: _____

Primary business: _____

Products from NRS that you are interested in: _____

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.)