



## 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 following: *(If emailing this form, please fax or attach.)*

Business license     Insurance policy     Company brochure or advertisement