

DEALERSHIP APPLICATION FORM

Billing information

Company name:

Contact name: Mr Ms

Title:

Address:

City, State:

Zip Code:

Country:

Phone number:

Mobile number:

Fax number:

Email address:

Website:

Shipping information

Same as billing information

Company name:

Contact name: Mr Ms

Title:

Address:

City, State:

Zip Code:

Country:

Phone number:

Mobile number:

Fax number:

Email address:

Website:

Other Contacts within the Company if applicable (ex.: accounting dept.):

Contact name: <input type="radio"/> Mr <input type="radio"/> Ms <input type="text"/>	Title: <input type="text"/>
Email: <input type="text"/>	Phone number: <input type="text"/>
Contact name: <input type="radio"/> Mr <input type="radio"/> Ms <input type="text"/>	Title: <input type="text"/>
Email: <input type="text"/>	Phone number: <input type="text"/>
Contact name: <input type="radio"/> Mr <input type="radio"/> Ms <input type="text"/>	Title: <input type="text"/>
Email: <input type="text"/>	Phone number: <input type="text"/>

Federal Tax ID / VAT Number (requested by customs):

Preferred Shipping Carrier and Account No. (if applicable):

(If no carrier is specified, Cadex will use their transporter and transfer the charges to your invoice)

DUNS No. (if applicable):

Purchase Order required: Yes No

Partial Shipment accepted: Yes No

How did you hear about Cadex Inc.?

<input type="checkbox"/> Web Search	<input type="checkbox"/> Customer	<input type="checkbox"/> Sales Associates
<input type="checkbox"/> Trade Shows	<input type="checkbox"/> Magazines and Flyers	<input type="checkbox"/> Social Media
<input type="checkbox"/> Other, please specify: <input type="text"/>		

Which Cadex product lines are of interest for your company?

<input type="checkbox"/> Firearms	<input type="checkbox"/> Chassis and Weapon Stock	<input type="checkbox"/> Carbine and Rifle Accessories	<input type="checkbox"/> Shotgun Accessories
<input type="checkbox"/> Surveillance Kits	<input type="checkbox"/> Helmet Electro-Optic Mounts	<input type="checkbox"/> Machine Gun Accessories	<input type="checkbox"/> Breaching and Method of Entry

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In Business since:

How many employees work for your company? 1 to 5 11 to 25 51 to 100
 6 to 10 26 to 50 More than 100

How many employees are former military or law enforcement personnel?

What is the majority of your business?

Military Law Enforcement Commercial
 Other, please specify:

What is the company sales figure? Less than \$500 000 \$1 Million to \$10 Million
 \$500 000 to \$1 Million More than \$10 Million

Company activities (Military, Law Enforcement):

Sales made to government facilities in your country: %
 Sales made to non-government facilities in your country: %
 Sales made in other countries (if applicable)? %

If applicable, name which countries your company does business with:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

What other product lines does your company currently represent?

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>