GORILLA TACTICAL CONCEPTS
DEALER PROGRAM APPLICATION

1. Business Profile

- Legal Business Name:_____
- Trade name /DBA:_____
- Business Type [ ] Corporation [ ] LLC [ ] Partnership [ ] sole Proprietor
- Federal EIN/ Tax ID : _____
- Resale Certificate/ Tax Exempt No:_____
- FFL Class: _____(if applicable)

2. Contact & Location Information

- Physical Business Address:_____
- City, State, Zip Code:_____
- Mailing Address (if different) :_____
- Business Phone:_____
- Company Website:_____
- Primary Contact name & Title:_____

3. Ownership & Management

- Owner/ Principle Name:_____Title:_____Ownership%_____
- Owner/ Principle Name: _____ Title: _____Ownership%_____
- Purchase agent:_____

4. *Operations & Market Fit*

- Years In Business:_____

- Current Products/ Services:_____
- Annual Sales Turnover ($):_____
- Showroom/ Warehouse Facility Size (sq ft):_____
- Estimated sales volume of our product line:_____

5. *Trade References (Minimum 2)*

- Company 1: _____ Contact: _____ Phone/Email: _____
- Company 2: _____ Contact: _____ Phone/Email: _____
- Company 3: _____ Contact: _____ Phone/Email: _____
- Company 4: _____ Contact: _____ Phone/Email: _____

6. Authorization & Signature

I certify that all information provided is accurate and truthful. I authorize Gorilla Tactical Concepts to verify the financial and trade references provided above.

- *Authorized Signature: _____*
- *Printed Name & Title: _____*
- *Date: ____ / ____ / 2026*
- *Authorize Use of Company LOGO on web page dealer program list (int)_____*