



Legal Name: _____ Trade Name: _____

State of Incorporation: (if applicable) _____ Federal Employer I.D.#: (if applicable) _____

Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Phone No.: _____ Fax No.: _____

Company Email Address: _____ Company Web Site: _____

Address(es) of additional store location(s): _____

Year Established: _____ Years at Present Address: _____ Years Under Current Ownership: _____ Annual Sales: _____

Hours of Operation (For example: M-F 9-5): _____

<u>Name</u>	<u>Position/Title</u>
Owner(s): _____	

Company Officer(s) _____

Authorized Buyer(s): _____

Sales Management Contact(s): _____

Accounts Payable Contact(s): _____

Type of entity: C-Corporation S-Corporation Partnership Limited Liability Corporation
 Limited Liability Partnership Sole Proprietorship

• Applicant certifies that the licensed premise(s) are in compliance with all local zoning, federal, state and local regulations and operates in accordance with all Federal, State and local laws regarding the sales and transfer of firearms. _____ Yes _____ No

• Do you maintain a business inventory, available for resale to the general public, security, law enforcement or military personnel, of any of the following products: firearms, firearms/shooting accessories, duty gear, less lethal, security, or self-defense products? _____ Yes _____ No

If you answered no to the above questions, please explain the nature of your business: _____



If your state requires a sales tax license, then please provide the number below – it is required information.

If copies of applicable licenses below are enclosed, it is not necessary to fill in the following information.

<u>State Licenses:</u>	<u>Number</u>	<u>Expiration Date</u>
Firearms License #/Permit:	_____	_____
Business License #/Permit:	_____	_____
Sales Tax License #/Permit:	_____	_____

<u>City/County Licenses:</u>	<u>Number</u>	<u>Expiration Date</u>
Firearms License #/Permit:	_____	_____
Business License #/Permit:	_____	_____
Sales Tax License #/Permit:	_____	_____

In the following certifications, the term "I" (and other first-person pronouns) shall mean both the individual signing below and the Applicant and any of its employees responsible for the handling, selling and compliance with regulations for ammunition.

I certify that all licenses required for my business in the location(s) in which it operates have been disclosed and agree to provide VENOM Ammo USA prompt notice of any change with respect to any license requirements, suspensions or revocations.

I certify that I have read VENOM Ammo USA Terms of Sale published online at VENOMAMMOUSA.com's ("Terms") and agree that all sales of ammunition by services by VENOM Ammo USA to Applicant will be governed exclusively by this Reseller Agreement and the Terms.

I will not represent myself or my business as being affiliated with VENOM Ammo USA or as being a VENOM Ammo USA business entity. I am an independent contractor and will not, under any circumstances, hold myself out as an agent of VENOM Ammo USA, make any representations purporting to be by or on behalf of VENOM Ammo USA or purporting to commit VENOM Ammo USA to the delivery of products or other obligations. I agree to comply with any and all applicable manufacturer's programs, including, but not limited to those related to gun safety and marketing.

I agree that VENOM Ammo USA may, in its sole discretion and at any time, unilaterally suspend or terminate, in whole or in part, its sales or services (e.g., web advertising, etc.) to me for any reason (including cancellation of any previously accepted purchase order upon refund of any deposit), with or without notice and with or without cause. VENOM Ammo USA may request additional information regarding me or my business practices at any time and my failure to promptly provide such information may result in termination of VENOM Ammo USA sales or services to me, in VENOM Ammo USA sole discretion.



To the fullest extent allowed by law, Appl. agrees to indemnify, defend and hold harmless VENOM Ammo USA and its officers, directors, shareholders, employees and agents, as well as its successors and assigns, from and against any and all claims, losses, liabilities, costs and expenses, including reasonable attorneys' fees (collectively, "Claim or Expense"), arising from or related to Applicant's conduct of its business or negligent acts or omissions, willful misconduct or failure to comply with any applicable law, rule or regulation, including but not limited to any Claim or Expense attributable to personal injury, sickness, death or damage to tangible property. This indemnity obligation shall control and supersede any inconsistent terms in any other agreement, document or writing transmitted from one party to the other.

I certify that the information provided in this Application is true and correct and constitutes my agreement with VENOM Ammo USA and I acknowledge that VENOM Ammo USA is relying upon the accuracy of this information in extending sales and services to the Applicant.

Company or Store Name	Printed Name (Owner or Corporate Officer) / Title
	Signature (Owner or Corporate Officer) / Date