



To become a Clear Targets Lens Distributor, we need the following information:

Legal Business Name _____
DBA if different _____
Address _____
Street City State Zip & Country
E-Mail Address Website: _____
Phone Number Fax Number _____
Business License Number Sales Tax ID _____

Type of Ownership: Corporation Partnership Sole Proprietorship
Owner of Principle: _____ Owner of Principle: _____
Home Address: _____ Home Address: _____
City, State, Zip, Country City, State, Zip, Country
Cell Phone# _____ Cell Phone# _____
Home Phone# _____ Home Phone# _____

Account Payable Name and email Contact _____

Buyer's Name and email Contact _____

I understand that Clear Targets, LLC requires Marketing Advertised Pricing (MAP) and we will abide by that pricing as determined by Clear Targets, LLC. All orders must be Paid in Full prior to shipping.

Name

Signature

Thank you,

Mary Ellen Ferguson COO
Clear Targets, LLC
mef@clear-targets.com