



## DEALER APPLICATION

BUSINESS INFORMATION			
Company Name:			
Company Address:			
Address (Cont.):		City:	
State/Province:	Postal Code:	Country:	
Phone:	Fax:	Website:	
Dun & Bradstreet/DUNS Number:			
Type of Business (Select All That Apply):			
Distributor	Online/E-Commerce	Retail Location	
PURCHASING CONTACT INFORMATION			
Purchasing Contact:			
Telephone:	Fax:	E-mail:	
BILLING CONTACT INFORMATION			
Billing Contact:			
Telephone:	Fax:	E-mail:	
SHIPPING ADDRESS			
Street Address:			
Address (Cont.):		City:	
State/Province:	Postal Code:	Country:	
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
Address (Cont.):		City:	
State/Province:	Postal Code:	Country:	
Phone:	Fax:	E-mail:	
Company name:			
Address:			
Address (Cont.):		City:	
State/Province:	Postal Code:	Country:	
Phone:	Fax:	E-mail:	
AGREEMENT			
<ol style="list-style-type: none"> <li>1. All invoices are to be paid 30 days from the date of the invoice.</li> <li>2. Claims arising from invoices must be made within seven working days.</li> <li>3. By submitting this application, you authorize PolarStar Airsoft LLC. to make inquiries into the business/trade references that you have supplied.</li> </ol>			
SIGNATURES			
Title:		Title:	
Date:		Date:	

Please mail or fax the completed form to:

PolarStar Airsoft LLC.  
 5 Garfield Way  
 Suite B  
 Newark, DE 19713

Phone: 302-449-4866  
 Fax: 302-368-5502