



RESELLER APPLICATION

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>
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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: _____

License requirements include:

- Federal Firearms License (Must have current copy with original signature on file).
- Special Occupation Tax/SOT Licence (if applicable)
- All Dealers must provide Certificate of Resale, Transaction Privilege Tax Exemption Certificate or applicable state sales tax-exemption forms.
- Arizona Dealers must provide a Transaction Privilege Tax License upon each expiration.
- New York Dealers must supply copy of State Dealer in Firearms Permit to purchase handguns.
- California Dealers must provide centralized list of firearms dealer identification number and California Seller's Permit.
- North Carolina Dealers must return a copy of Sales and Use Tax Certificate of Registration issued by the North Carolina Department of Revenue.

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.

State Licenses:

Number

Expiration Date

Firearms License #/Permit:

Business License #/Permit:

Sales Tax License #/Permit:

City/County Licenses:

Number

Expiration Date

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 firearms.

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

I certify that I have read Davidson's Terms of Sale published online at davidsoninc.com ("Terms"), and agree that all sales of firearms or other goods and services provided by Davidson's to Applicant will be governed exclusively by this Reseller Agreement and the Terms.

I will take all necessary measures to prevent the illegal transfer or use of firearms (including straw purchases), knives, and other weapons, and will assist and cooperate with all federal, state and local government agencies to identify, arrest and prosecute all individuals and dealers who illegally obtain, transfer or use firearms or other weapons. I will also take all necessary measures to ensure that my customers are familiar with the safe and responsible use of firearms, knives and other weapons, and will abide by all local, state and federal laws applicable to the sale of firearms, knives, and other weapons and related accessories.

I will not represent myself or my business as being affiliated with Davidson's or as being a Davidson's business entity.

I am an independent contractor and will not, under any circumstances, hold myself out as an agent of Davidson's, make any representations purporting to be by or on behalf of Davidson's or purporting to commit Davidson's 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.

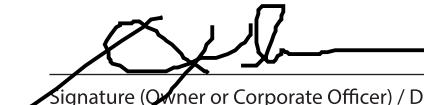
I agree that Davidson's may, in its sole discretion and at any time, unilaterally suspend or terminate, in whole or in part, its sales or services (e.g., web advertising, etc.) to Applicant for any reason (including cancellation of any previously accepted purchase order upon refund of any deposit), with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

To the fullest extent allowed by law, Applicant agrees to indemnify, defend and hold harmless Davidson's 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 Davidson's and I acknowledge that Davidson's 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