



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

Business Name \_\_\_\_\_

Address \_\_\_\_\_  
Street, City, State, Zip & Country

E-Mail Address \_\_\_\_\_

Website: \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Business License Number \_\_\_\_\_

Sales Tax ID (Copy required for file) \_\_\_\_\_

Owner's Name \_\_\_\_\_ Owner's Signature \_\_\_\_\_

Account Payable's Name \_\_\_\_\_ Buyer's Name \_\_\_\_\_

Archery Manager's Name \_\_\_\_\_

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