



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

Business Name _____

Address _____

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