



## Request for Outfitter Account

*This information will be held strictly confidential.*

Date: \_\_\_\_\_

Business name: \_\_\_\_\_

Business type (corporation, partnership, proprietorship, LLC): \_\_\_\_\_

Authorized purchasers: \_\_\_\_\_

Billing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Shipping address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

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

Outfitter license # (if applicable): \_\_\_\_\_

Years in business: \_\_\_\_\_ Years at current location: \_\_\_\_\_

Years in present ownership: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Primary business: \_\_\_\_\_

Products from NRS that you are interested in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Owner or Authorized Officer**

\_\_\_\_\_  
**Signature of NRS Representative**

**Please include** copies of the business license, insurance policy, and a company brochure or advertisement. (If emailing this form, please fax or attach.)