

# MICHIGAN TASER DISTRIBUTING



Phone: 248-446-0373

Fax: 248-446-0378

## **New Taser® Device Dealer Application Form**

For Information on becoming an **Authorized Taser® Device Civilian Products Dealer**

*Please complete the following Vendor Information Form by printing out the form, completing the appropriate information along with signature, and submit your application by fax.*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Michigan Sales Tax ID# \_\_\_\_\_

Organization: Corporation\_\_\_\_ (Y/N) Partnership\_\_\_\_ (Y/N) Individual\_\_\_\_ (Y/N)

The undersigned certifies that the information contained herein is correct. I understand that the form must be complete or it will be returned.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Above signature (typed/printed): \_\_\_\_\_ Date: \_\_\_\_\_

What is your Federal Identification Number or Social Security Number?

\_\_\_\_\_

What is the nature of your business? Strictly sale of merchandise \_\_\_\_\_ (Y/N)

Type; \_\_\_\_\_

Provider of services, including parts/supplies \_\_\_\_\_ (Y/N)

Type; \_\_\_\_\_

Current Gross Annual Sales Amount; \_\_\_\_\_

**Please complete this form and fax to; 248-446-0378**

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