



WHOLESALE PROGRAM OVERVIEW

Thank you for your interest in becoming an Oracle Arms Authorized Dealer. We consider our Dealers an extension of our brand and we look forward to welcoming you to our extended family. In order to qualify for – and maintain - Authorized Dealer status, you will need to meet the following requirements:

Minimum Order Volume

Authorized Dealers must maintain a rolling order average of at least (5) pistols per month or (60) pistols per year. Failure to meet and/or maintain this volume threshold may result in account termination and revocation of Dealer status.

MAP Policy Compliance

To maintain market stability and a level playing field for our Dealers, we require strict compliance with our Minimum Advertising Pricing Policy (available upon request) which prohibits the publishing or promotion of prices which are discounted more than 5% below MSRP.

In return for your commitment to these requirements, Oracle Arms pledges to provide you and your customers with world-class products and industry-leading service commensurate with the Oracle Arms brand and product line.

If you agree to these requirements, please complete and submit the application below and a member of our team will contact you with next steps.

DEALER APPLICATION

Legal Business Name: \_\_\_\_\_ Trade Name / DBA (if different): \_\_\_\_\_

Legal Business Form: Corporation General Partnership L.L.C. Sole Proprietorship Other: \_\_\_\_\_

Federal EIN: \_\_\_\_\_ Sales Tax Exempt: Yes No (If yes, please attach a copy of exemption certificate)

Primary Contact (first & last name): \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Billing Address (if different): \_\_\_\_\_

Sales Channels / Facilities (check all that apply): Physical Storefront Online Store Shooting Range

Social Media Presence (check all that apply): Instagram Facebook YouTube Twitter

AUTHORIZED SIGNATURE

By signing below, you are hereby certifying that the applicant information above is accurate and that you agree to comply with the Minimum Order Volume and MAP Policy requirement outlined above.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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