

We are looking for dealers!

Great Margins!

Retail Price: \$39.95. Mix and match sizes, exchange unsold inventory any time!



Dealer Application Form

Business Name: _____

Authorized Contact Person: _____

Phone Number: _____

Email Address: _____

Business Street Address: _____

City: _____ State: _____ ZIP: _____

Shipping Address if different: _____

City: _____ State: _____ ZIP: _____

Federal Tax ID: _____ Years in Business: _____

Owner's Name: _____

I hereby acknowledge that I am either the business owner or an authorized agent. I agree that if approved as a BUGbite dealer I will honor the MSRP or forfeit my dealer status. I also promise that all information in this application is true to the best of my knowledge.

Date: _____

Signed: _____

BUGbite™ HOLSTERS

414W Sunrise Hwy, Patchogue NY 11772, Fax: 631-207-8329 Email: james@bugbiteholsters.com



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Credit Card Payment Blanket Authorization

Please fill out form COMPLETELY

Credit Card: Visa Master Card Discover American Express

Credit Card Number: _____

Expiration Date: _____ Security Code (CVV): _____

Name EXACTLY as it appears on card: _____

Credit card billing address: _____

_____ city state zip

Cardholder's billing phone number: _____

Account Number: _____

Business Name: _____

Contact Name: _____

Business Address: _____

_____ city state zip

Business Phone Number: _____

Business Fax Number: _____

I hereby authorize BUGBite, Inc. to charge my credit card listed above for all purchases and charges. I understand that our card will not be charged until my order is packed and ready to ship.

I agree that if I have a problem or question regarding my order, I will first contact BUGBite, Inc. before disputing the charges through my credit card issuer. I warrant that I am the authorized cardholder for the credit card account indicated above, that funds are available and that I will perform the obligations set forth in the cardholder's agree-ment with the credit card issuer.

This authorization will remain in effect until it is specifically revoked in writing. It is the responsibility of the cardholder to notify BUGBite, Inc. of the new expiration date when a credit card has been renewed, or if a card has been cancelled or revoked.

_____ cardholder signature (please print out and sign)

_____ date