

DEFCON 5® srl

AUTHORIZED DEALER WORKSHEET

Thank you for your interest in becoming an Authorized Dealer. Through a prudent selection process, it is our goal to create the best possible network of motivated dealers who can not only sell lots of gear, but who are capable of building brand image and brand awareness.

In order to help us gauge whether our businesses are suited for each other, please provide the following information:

Company Name _____

Your Name: Position _____

Address: Suite No _____

Shipping address _____

City: State: Country _____

Zip Code _____

Phone Number _____

Fax Number _____

VAT number _____

Web site _____

Email _____

STAMP & SIGN

Today's Date: _____

Comments: _____

Please return via fax: + 39 0427 737791

Or via e-mail to: admin@defcon5italy.com