QUESTIONNAIRE

DEALER PROGRAMME / B2B

Company Name	
Contact Person (If the delivery address varies, please specify)	
Street, No.	
Postcode, Town	
Country	
E-Mail	
Website	
Telephone-No.	
Fax-No.	
VAT-ID	

When was your company founded?
(please send your company regestration along with this form)

Is your company your fulltime job? ☐Yes ☐No

What is your primary distribution channel? ☐Retail Shop ☐Online Trading

Which customer group do you serve primarily? ☐Sportsman ☐Hunters

☐Other:

Which product groups are you interested in particular?

☐Firearms ☐Firearms Accessories and Magazines ☐Optics and Mounts

☐Firearm-Parts (regulated) ☐Tools and Gunsmithing Equipment ☐Reloading

☐Firearm-Parts (unregulated) ☐Cleaning and Lubricants ☐Shooting Supplies

Is your company in possesion of a firearms trading permit? ☐Yes ☐No
(please send your company regestration along with this form)