

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 registration 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 possession of a firearms trading permit?

(please send your company registration along with this form)

Yes

No