

BSA OPTics Dealer's Web Portal - Online Access Application



INSTRUCTIONS (*If you do not include or cannot provide any of the items listed below your submission will not be processed.)

Please fill out this form and submit by fax (954-581-3165 "Attention Dealer Services") or by email (info@bsaoptics.com) along with your Vendor or Reseller License.

Note: An FFL is required for locations: Illinois, New Jersey, Michigan, Philadelphia PA, Washington DC, San Francisco, New York (New York City, Bronx, Brooklyn, Jersey, Queens, Manhattan, Staten Island, Buffalo)

Verification process will take 3-4 business days. Once your request has been approved an email will be sent with your account login and password.

Screen Name: _____ [6-12 characters. No spaces]
(login or user name to be used to access the Dealers' web site. Password will be generated by Extranet Administrator and sent to you via email)

Dealer/Retailer Information

Company Name: _____
Contact Name: _____
Position: _____
Phone number: _____
Fax number: _____
Email: _____
Web Site: _____
(optional)

Billing Information

Address: _____
City: _____
State: _____
Zip Code: _____

Shipping Information

Address: _____
City: _____
State: _____
Zip Code: _____

Optional Shipping Information

Provide us with your carrier account numbers if you want your order to be shipped using your freight provider.

UPS: _____
FedEx: _____
DHL: _____

Signature

Date