



COMPLETE THIS FORM AND MAIL TO:
EAA CORP
ATTN SHARON
PO BOX 1299
SHARPES, FL 32959

PLEASE INCLUDE A SIGNED FILE COPY FFL
FOR OUR FILES.

NAME _____

STORE NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

HOURS OF OPERATION _____

BEST TIME FOR EAA CORP TO CALL (M-F 8AM-5PM EST) _____

DO YOU CURRENTLY STOCK EAA CORP. PRODUCTS IN YOUR STORE? _____

WHICH EAA CORP. MODELS DO YOU CURRENTLY STOCK? _____

ON AVERAGE, HOW MANY EAA CORP GUNS DO YOU STOCK IN YOUR STORE? _____

WHICH MODELS ARE YOUR BEST SELLERS? _____

WHAT ARE YOUR STORES AVERAGE SALES PER YEAR? _____

WHAT ARE YOUR STORES AVERAGE EAA SALES PER YEAR? _____

WOULD YOU LIKE YOUR STORE TO BE INCLUDED
IN OUR DEALER LOCATOR ON OUR WEBSITE? _____

WOULD YOU LIKE TO RECEIVE OUR DEALER PACKAGE? _____

