


# Rinehart Targets Dealer Information

|   |  |
|---|--|
| <b><u>Dealership Name:</u></b>  |    |
| Tax ID #:   |  |
| Website URL:  |  |
| Hours of Operation:   |  |
| Preferred Scoring Rings:<br>ASA                      IBO  |  |
|   | 1809 Beloit Ave. Janesville, WI 53546<br>P. (608) 757-8153    F. (608) 757-8120<br>www.rinehart3d.com    raptor@rinehart3d.com |
| <b><u>Physical Address:</u></b>   | <b><u>Main Contact</u></b> (Who will order your targets):  |
|   | Position held with Dealership:   |
|   |  |
| Phone #:  | Phone #:   |
| Fax #:  | Email Address:   |
| <b><u>Shipping Address:</u></b>   | <b><u>Mailing Address:</u></b>   |
|   |  |
|   |  |
| Zoning:                  Commercial          Residential  | Phone #  |
| Loading Dock:    Yes                      No  |  |
| Phone #:  | Fax #:   |
|   |  |
| <b><u>Store Owner:</u></b>  | <b><u>Store Manager:</u></b>   |
| Owner's Address:  | Manager's Address:   |
|   |  |
| Owner's Phone Number:   | Manager's Phone Number:  |
| Owner's Email:  | Manager's Email:   |
| Years as Store Owner:   | Years as Store Manger:   |
| <b>Please include 1 of the following 3 choices:</b><br>1) A Business card<br>2) A copy of your Business Letterhead<br>3) A copy of your Phone Book/Yellow Pages | <b>Please include 1 of the following 2 choices:</b><br>1) Business License<br>2) Resale Tax Certificate/Business License       |
| I hereby certify that all information listed on this form is accurate to the best of my ability:  |  |
| Signature:  | Date:  |