



3 Andiron Lane, Brookhaven NY 11719

Reseller & Dealer Information

Are you interested in becoming a reseller or dealer of Sneaky Pete Holsters? If you are, there are a few things you should know about us. First, we are a small, family owned business. As a result, we may not always answer the phone on the first try, but we will ALWAYS get back to you if you send us an email.

Second, we have had tremendous response to our holsters so large orders may take several days or even a week before they can be filled. We have built a reputation with our customers that you as a reseller will benefit from, but that means we always put individual customers at the head of the line.

Last, we require payment for our product before it ships out to you. There are enough things pulling us in different directions that we cannot juggle receivables accounts and collections. If you want our product, we will happily sell it to you. We think this is fair, and keeps everyone affable and happy.

If we haven't lost you so far, then here's what we'll do for you. For starters, we'll allow you to mix and match your orders in any way you see fit. We'll also allow you to exchange any product that doesn't sell for a different style, model, or size. Naturally, any product you sell will come with the same comprehensive warranty as if we had sold it directly to the customer.

We ask that any initial order be at least 12 holsters. If you can meet that threshold, you will not only be eligible to be a reseller, you'll also receive free Priority Mail shipping. After your first order, you can order any quantity you like, but only orders of 12 or more will receive free shipping. Once you are approved as a dealer we'll provide you with pricing.

If you have any questions please feel free to give us a call or send us an email.

Thanks,

A handwritten signature in black ink, appearing to read "Michael C. DiLeo".

Michael C. DiLeo

President

Sneaky Pete Holsters, Inc.



3 Andiron Lane, Brookhaven NY 11719

Reseller & Dealer Request

Business Name: _____

Representative: _____

Email: _____

Contact Number: () _____ - _____

Tax ID Number: _____

Shipping Address

Street: _____

City: _____

State: _____ Zip: _____

Billing Address (if not same as shipping address)

Street: _____

City: _____

State: _____ Zip: _____

Credit Card Information: MC Visa AMEX

Name on Card: _____

Card Number: _____

Expiration Date: ____ / ____ CCV: ____

Please return this form to us:

By fax:

631-803-4404

Or by mail:

*Sneaky Pete Holsters
Attn: Resale Department
3 Andiron Lane
Brookhaven NY 11719*