



Oakheart Armory & Graphics, LLC  
1538 South Summit Dr  
Holts Summit, MO 65043

Ph: 573-619-6271  
Email: Sales@oakheartarmory.com

www.oakheartarmory.com

### Wholesale Application

Legal Name of Business:

DBA:

Contact Name:

### Contact Information

Phone:

Fax:

Email:

Website:

### Billing and Shipping Information

Bill To Address:

Ship To Address:

### Company Information

Type Of Business:

Store Front

Catalog/Mail Order

Medieval/Renaissance Faires

Website:

Other - Explain:

### Sales Tax Information

Business License Number:

State Sales Tax Number:

Number of Years in Business:

I certify that all the statement and information given by me in this application are correct to my knowledge.

Signature:

Title:

Print Name:

Date:



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## Wholesale Terms and Conditions

Below are the terms and conditions required for opening a wholesale account with Oakheart Armory. In order to finalize the account setup, you will need to sign and date this document stating you are agreeing to our terms.

### Order Conditions

A \$500 minimum opening order. The account has to be approved before discount will take effect. Oakheart Armory reserves the right to terminate any account at any time for any reason. Wholesale accounts are not contractual agreements, and therefore may be terminated by either party without prior notice.

### How to place an Order

An order can be placed via email or mail. Only Oakheart shields are part of the wholesale program. Forms are also located on our website.

### Shipping

Orders will be shipped via UPS to the address that we have on file for your account. Please contact us to update your shipping address if that changes. We will also do US domestic drop shipments for \$15.00 plus shipping cost.

### Returns

Please check all received Orders for accuracy and quality. We will correct orders accordingly. We ask that you contact us no later than 48 hours from receiving the product.

### Sales Tax Information

In compliance with Sales and Use Tax Laws, it is necessary that we have from all of our customers the State Sales Tax Permit Number, to show that the merchandise has been purchased for resale.

☐ I agree to the above terms and conditions.

I certify that all the statement and information given by me in this application are correct to my knowledge.

Signature:

Title:

Print Name:

Date: