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DEALER OF RECORD PROGRAM

DEALER OF RECORD (DOR) VERIFICATION FORM

ALL COMPLETED FORMS MUST BE SUBMITTED TO [DOR@TYRTACTICAL.COM](mailto:dor@tyrtactical.com)

PLEASE READ THE RULES AND REGULATIONS BEFORE FILLING OUT FORM. INFORMATION IS AVAILABLE ONLINE. [CLICK HERE](#)

DATE SUBMITTED

SALES PERSON EMAIL

COMPANY NAME

EMAIL

SALES PERSON

ANTICIPATED RFG DATE

PHONE

END USER (CUSTOMER) INFORMATION

ORGANIZATION

CONTACT NAME

ADDRESS

CITY | STATE | ZIP

EMAIL

PHONE

BUYING | CONTRACTING AUTHORITY IF DIFFERENT FROM END USER

ORGANIZATION

CONTACT NAME

ADDRESS

CITY | STATE | ZIP

EMAIL

PHONE

BRIEF DESCRIPTION OF THE SALES OPPORTUNITY

