

ZANDERS SPORTING GOODS DIRECT SHIP PROGRAM SIGN UP FORM



Company Name: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Zanders Customer Number (If Applicable): _____

Phone: _____ Website: _____

Company Contact (Name, Phone, Email): _____

IT Contact (Name, Phone, Email): _____

Type of Account? Accessory & Ammo: _____ Gun Account: _____ Both: _____

Unique Email Address for Accessory & Ammo: _____

Unique Email Address for Gun Account: _____

Shipping Method:

Zanders: _____ Your Shipping Carrier/Number: _____

If using Zanders shipper number, our preferred carrier is UPS. All freight will be billed to your account on your invoices.

Company Alias (If Applicable): _____

Contact person responsible for questions regarding orders (Name, Phone, Email):

Once all of the requirements have been met, testing must be done before going live.
Successful submission of orders must be demonstrated.