



VENOM LURES LLC
D/B/A VENOM LURES
3083 WALLACE CT. #B
LANCASTER, OH 43130
OFFICE: 740-689-3635
FAX: 740-689-3636

APPLICATION TO BECOME A VENOM LURES DEALER

Legal Firm Name: _____

Doing Business As: _____

Primary Business Activity: Fishing Hunting Sporting Goods Marine

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Year Established: _____ Years In Business At Above Address: _____

State & Resale Tax ID# _____ Federal Tax ID# _____

Entity Type: Corporation Partnership Sole Prop Other

Business Email: _____ Website: _____

Principles of Company:

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

By Signing This APPLICATION, You Acknowledge All The Information Is Correct.

Signature: _____

Related Industrial, Trade, Bank References:
(name, address, contact person and phone number)

1. _____

2. _____

3. _____

Once form is complete, attach a COPY OF YOUR state license and Fax or Email to us for approval.

Venom Does Not Require A Minimum – First Order Is COD – Free Shipping (UPS) Everything Over \$500