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DEALER APPLICATION

BILLING INFORMATION

COMPANY NAME:	
ADDRESS:	
CITY:	
STATE:	
ZIP CODE:	
COUNTRY:	
PHONE:	
FAX:	
EMAIL:	
BUYER'S NAME:	
WEBSITE ADDRESS:	

SHIP TO INFORMATION (if different from above)

SHIPPING CONTACT:	
ADDRESS:	
CITY:	
STATE:	
ZIP CODE:	
COUNTRY:	
PHONE:	
FAX:	
EMAIL:	

FEDERAL TAX ID:					
SALES TAX ID (If Applicable):					
NUMBER OF YEARS IN BUSINESS:					
TYPE OF BUSINESS: (Place X above type)					

Store Front Internet Mail Order International Other

Send your business license, sales tax certificate (if applicable) and this completed application to the contact information above, or email to info@eseeknives.com

Terms for all new accounts are Credit Card, PayPal or check – payable in full before shipment.
 International accounts must pay by wire transfer.