



NIGHTFORCE®

Professional Guide/Outfitter Program Application Form

Thank you for your interest and consideration of Nightforce as a strategic part of your business. We have established this program in an effort to support and promote Nightforce Optics in a positive manner within the Professional Guide and Outfitter industry. Due to the large amount of requests, each application is carefully reviewed; we cannot approve every request.

If you have any additional information relevant to your request, please attach and send back with this form.

Date Of Application Request: _____

Name Of Applicant/Company: _____

Name Of Licensed Guide/Outfitter If Other Than Applicant _____

Contact Person Name: _____

Contact Person E-Mail And Phone Number: _____

Website (If Applicable): _____

Mailing Address For Business: _____

Years In Business: _____

Geographic Area Of Services Provided: _____

Summary Of Services Provided: _____

Is This A Full Or Part Time Business: _____

Approximate Number Of Trips Per Year: _____

State(S) Currently Licensed To Provide Services Within: _____

Please submit completed requests via **fax to 706.460.5514** or **e-mail to guides@nightforceoptics.com**

NOTE: Completion of this form does not guarantee approval of your application.

***ATACR F1 and B.E.A.S.T. models do not qualify for discounted pricing as of 5/12/16.**

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