



RCBS Authorized Reseller Application

Written approval is required to sell RCBS products online effective 02/01/2025

*Designates a required field.

Company Name* _____

DBAs you sell under* _____

Please list all names you sell products under.

Full address of the business*

(PO Boxes are not allowed)

First and Last name of Applicant* _____

Email* _____

example@example.com

Phone Number* _____

Include area code

Website* _____

Do you currently sell RCBS products?* YES_____ NO_____

If Yes, Who are you currently purchasing products from? _____

Please list all sites you are requesting approval to sell RCBS products on*

Any applications that are not fully completed or are illegible will not be considered.

Signature of Applicant _____

Print name _____ Date _____