BERGARAUSA.COM

BERGARA®

STOCKING DEALER PROGRAM

EFFECTIVE DATES: August 1ST 2026 - September 30TH 2026

PRECISION. ACCURACY. PERFORMANCE.

Become an Authorized Bergara Stocking Dealer and provide customers with a complete Bergara experience—from entry-level rimfire rifles to premium precision hunting and competition platforms.

MINIMUM INITIAL STOCKING REQUIREMENTS

10 TOTAL UNITS REQUIRED

- 4 Units **Rimfire Rifles** (BMR, BMR-X, BXR)
- 4 Units **B-14 Rifles** (Stoke, HMR, Sierra and more)
- 1 Unit **B-14² Rifle** (CIMA CF, Crest, Crest CF)
- 1 Unit **Premier Rifle** (MgLite, HMR Pro and more)

DEALER BENEFITS

- **Featured on Bergara's online Dealer Locator**
- In-store marketing kit including LED Brand Sign, Branded Counter Mats, and 6 Bergara Hats
- **Access to exclusive dealer-only promotions**

MAINTAIN AUTHORIZED DEALER STATUS

- **Must adhere to Bergara's current MAP policy**
- **Always maintain a strong in-store presence with a minimum on-hand:**
  - Minimum 4 Rimfire rifles
  - Minimum 4 B-14 rifles
  - Minimum 1 B-14² rifle
  - Minimum 1 Premier rifle

FREE RIFLE INCENTIVE

- Receive 1 FREE Ridge Carbon Wilderness 6.5 Creedmoor
- **$1,499.99 Retail Value**
- Provides an estimated 10% discount

WHY BECOME A BERGARA STOCKING DEALER?

Designed to help new dealers launch successfully with a balanced, high-visibility inventory. This program ensures strong product representation across Bergara's most popular categories. Build customer confidence with a complete Bergara lineup and position your store as a destination for precision shooting, hunting, and competition rifles.

STOCKING DEALER CONTACT FORM

PRECISION. ACCURACY. PERFORMANCE.

Complete all required information below. Applications that are incomplete cannot be processed. Please ensure all requested information is provided before submission.

DEALER INFORMATION

Business Name: _____

Doing Business As (DBA): _____

Website: _____

CONTACT INFORMATION

Primary Contact: _____ Phone

Number: _____

Email Address: _____

BUSINESS ADDRESS

Street Address: _____

City: _____

State: _____

ZIP Code: _____

PROGRAM INFORMATION

Date Submitted: _____

Sales Representative: _____

Distributor: _____