



DEALER / CREDIT APPLICATION

****TO ESTABLISH DEALER ELIGIBILITY****

ALL ITEMS ON APPLICATION MUST BE FILLED OUT COMPLETE & RETURNED TO CREDIT DEPARTMENT
WITH A COPY OF RESALE TAX CERTIFICATE.

MINNESOTA DEALERS MUST PROVIDE A ST3 FORM.

(APPLICATION WILL BE VOID IF COPY OF RESALE TAX PERMIT IS NOT RETURNED WITH APPLICATION)

Terms will be Credit Card until approved by credit department. Please allow 3 to 4 weeks for processing. All reference inquires are sent by mail.

SECTION I. BUSINESS INFORMATION

Company Name: _____

Shipping Address: _____ Billing Address: _____

City: _____ State: _____ Zip: _____

Bus. Phone: () _____ Bus. Fax: () _____ E-Mail: _____

Type of Business: Archery Only: _____ Sporting Goods: _____ Internet: _____ Other: _____

Business Location: Commercial Building: _____ Residential Home: _____ Residential Building: _____

Years in Business: _____ Days of Week Open: _____ Hours: _____ Is Business listed in Yellow Pages? _____

State Tax I.D. Number: _____ Date Issued: _____

Terms Requested: COD Cash: _____ COD Company Check: _____ Credit Card: _____ Open Account: _____

Credit Card Number: _____ Type: _____ Expiration Date: _____

SECTION II. OWNERS/PARTNERS INFORMATION

Name: _____ Title: _____ Home Phone : () _____

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

Name: _____ Title: _____ Home Phone: () _____

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

(over)

Phone : 1-320-963-5118 ; Fax 1-320-963-6521

SECTION III: BANK INFORMATION

Name of Bank: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Bank Officers Name: _____

Business Account Number: _____

Personal Account Number: _____

AUTHORIZED CHECK WRITERS

Full Name: _____

Social Security Number: _____

Drivers License Number: _____ State Issued: _____

Date of Birth: _____ Signature: _____

Full Name: _____

Social Security Number: _____

Drivers License Number: _____ State Issued: _____

Date of Birth: _____ Signature: _____

SECTION IV: CREDIT REFERENCES

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Personal Guarantee

I hereby agree to pay to the undersigned vendor all indebtedness now or hereafter owing by me to said company, whether individually, partnership or corporation. In consideration of vendor extending credit to the above applicant, the undersigned does hereby individually and personally guarantee the sum or sums of money as may at any time hereafter become due from the said applicant for goods sold to the applicant whether said indebtedness be in the form of notes, bills, or open account. If it becomes necessary to enforce this guarantee by suit, I agree to pay interest and attorney fees as allowed by law.

Signed: _____ Date: _____

Signed: _____ Date: _____