

Dealer Application

BILL TO:

Company Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Fax: _____

EMAIL: _____

Website: _____

SHIP TO:

Company Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Fax: _____

Contact Name: _____

OWNERSHIP:

Type of Business: DBA: _____ Individual: _____ Partnership: _____ Corp/LLC _____

Year(s) in Business: _____ Years of Inc. _____ State of Incorporation: _____

Business License Number: _____ State of Issue: _____

Name of Principles: Name: _____ Title: _____

Name: _____ Title: _____

Federal Tax ID/Social Security Number# _____

Accounts Payable Contact: _____ Phone Number: _____

FINANCES:

Bank Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Contact: _____

Requested Terms: _____ COD _____ Credit Card _____ Net 15 _____ Net 30

REFERENCES:

Company Name	Address (including Zip Code)	Phone/Fax#
1) _____	_____	T _____
Account # _____	_____	F _____
2) _____	_____	T _____
Account # _____	_____	F _____
3) _____	_____	T _____
Account # _____	_____	F _____

We authorize you, Arowgunsales.com, to contact the references given above (including our bank) to obtain sufficient and satisfactory credit information. As partial consideration for the approval of our credit, we agree to pay a service charge of 1.5% per month on all past due amounts until all past due amounts are paid. Collection expenses and/or legal fees incurred in the collection of overdue balances will be paid by the delinquent client. (A fee of \$25.00 will be charged for any returned checks.)

Authorized Signature: _____ Title: _____ Date: _____