

DEALER APPLICATION

Xtreme Hardcore Gear

PO Box 319, Lewiston ID 83501

Phone: (208) 746-7065 Fax: (208) 746-1635

APPLICATION INFORMATION

Date _____

Line of Credit Preferred: Open \$ _____ requested COD CC Other

Company Name _____ Phone # _____

Legal Name of Corp. or Parent Co. (If Different) _____ Fax # _____

Shipping Address _____ State Sales Tax # _____

City, State, Zip _____ Federal Tax ID # _____

Billing Address (If Different) _____

City, State, Zip _____

Company e-mail address _____

Accounts Payable Contact _____

Who will be placing orders _____ # of Employees _____

Yearly Sales Volume \$ _____

Number of Years in Business under This Name _____ No. of Years at This Location _____

Type of Business (Check One):

- Sole Proprietorship
- Partnership
- Corporation in the State of _____
- Subsidiary
- Division

OWNERSHIP

Name of Owner _____ Address _____

City _____ State _____ Zip _____ Phone # _____

Name of Owner _____ Address _____

City _____ State _____ Zip _____ Phone # _____

TRADE REFERENCES

Company Name _____ Phone # _____ Fax # _____

Company Name _____ Phone # _____ Fax # _____

Company Name _____ Phone # _____ Fax # _____

Company Name _____ Phone # _____ Fax # _____

PERSONAL GUARANTEE

I HEREBY AGREE TO PAY TO: ALPINE ARCHERY ALL INDEBTEDNESS NOW OR HEREAFTER OWING BY ME TO SAID COMPANY, WHETHER INDIVIDUALLY, PARTNERSHIP OR CORPORATION, IN CONSIDERATION OF EXTENDING CREDIT TO THE ABOVE APPLICANT, THE UNDERSIGNED DOES HEREBY INDIVIDUALLY AND PERSONALLY GUARANTEE TO THE SUMS OF MONEY AS MAY AT ANY TIME HEREAFTER BECOME DUE TO ALPINE ARCHERY 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 COLLECTION FEES, INTEREST AND ATTORNEY FEES AS ALLOWED BY LAW. ALPINE ARCHERY WILL AUTOMATICALLY ACCESS A 1.5% FINANCE CHARGE PER MONTH ON ALL PAST DUE INVOICES.

Date _____ Signature of Owner X _____

Date _____ Signature of Owner X _____

CREDIT CARD AUTHORIZATION:

Unless other terms are prearranged, I authorize ALPINE ARCHERY to charge my Credit Card for purchases.

Signature X _____

VISA MASTERCARD # _____ EXPIRATION DATE _____

Name on Credit Card _____ (Please print) sec code _____