

IT'S EASY!

Complete application and Form ST-105 then return via email (Dealers@3RiversArchery.com), mail, or fax. Applicant signature and personal guarantee must both be signed!



3Rivers Archery

607H.L. Thompson Jr. Dr. • P.O. Box 517 • Ashley, Indiana 46705
3RiversArchery.com • Dealers@3riversarchery.com

DEALER APPLICATION

Business Information:

Business name _____ Buyer's name _____

Billing address _____

City _____ State _____ Zip _____

Shipping address _____

City _____ State _____ Zip _____

Business phone () _____ Business fax () _____

Where did you hear about us? _____

Does anyone live at the business address? YES NO

Owner Information:

Social Security #/Federal Tax ID# _____ Home Phone () _____

Owner(s) name(s) _____

Address _____

City _____ State _____ Zip _____

Web site _____ E-mail address _____

Type of business _____ Number of years in business _____

Number of employees _____ Part time _____ Full time _____

Store hours _____ Weekdays _____ Weekend _____

Type of business Corporation Partnership Proprietorship

Business location Commercial bldg. Other

Type of merchandise _____

Approx. inventory value \$ _____

Bank References:

I hereby authorize information to be furnished to Three Rivers Archery Supply, Inc.

Bank name _____

City _____ State _____ Zip _____

Phone () _____ Account number _____

(Business accounts only, please)

Credit Information:

(Please supply trade references with at least 6 months experience.)

Reference 1: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Account number _____

How long open account _____ Amount last purchased \$ _____ Credit limit \$ _____

Reference 2: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Account number _____

How long open account _____ Amount last purchased \$ _____ Credit limit \$ _____

Reference 3: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Account number _____

How long open account _____ Amount last purchased \$ _____ Credit limit \$ _____

In order to process your application, please read the following statements and sign both.

I hereby certify that the information set forth above, together with all the information submitted in connection with this application is true and correct. I understand that Three Rivers Archery Supply, Inc. will rely on this information in extending credit to me. Due date is determined from date shipped. By law, a finance charge equivalent to the State of Indiana's maximum APR (Annual Percentage Rate), will be assessed per month on any past due invoice(s). If it becomes necessary to send a past due open account to a debt collector, the past due account will also be charged for any collection fee assessed by the debt collector. All sales and interest rates are governed by and interpreted in accordance with the laws of the State of Indiana. I have read and understand the terms of sales stated herein and agree that such terms apply to all transactions with Three Rivers Archery Supply, Inc. I further agree that this Agreement may be transmitted between myself and Three Rivers Archery Supply, Inc. via facsimile machine or E-mail. I understand that faxed or E-mailed signatures constitute original signatures and are binding. If requested, I agree to promptly deliver the original.

Applicant Printed Name: _____ Date: _____

Applicant Signature: _____ Date: _____

I hereby agree to pay Three Rivers Archery Supply, Inc. all indebtedness now or hereafter owing by me to said company whether individually, partnership or corporation in consideration of Three Rivers Archery Supply, Inc. extending credit to above applicant, the undersigned does hereby individually and personally guarantee to Three Rivers Archery Supply, Inc. the sums of money as may at anytime hereafter become due to Three Rivers Archery Supply, Inc. from said applicant for goods sold to the applicant whether said indebtedness be in form of notes, bills, or open account. If it becomes necessary to enforce this guarantee by suit, I agree to pay all interest, collector, and attorney fees as allowed by Indiana State Law. I further agree that this Agreement may be transmitted between myself and Three Rivers Archery Supply, Inc. via facsimile machine or E-mail. I understand that faxed or E-mailed signatures constitute original signatures and are binding. If requested, I agree to promptly deliver the original.

Applicant Printed Name: _____ Date: _____

Applicant Signature: _____ Date: _____

INCLUDE A COPY OF YOUR RETAIL LICENSE AND FORM ST-105 WITH THIS APPLICATION

Minimum Opening Order - \$500.00 • Minimum Follow-Up Orders - \$50.00 • \$1,000 Minimum Annual

NOTICE: NO ORDERS WILL BE ACCEPTED BEFORE WE RECEIVE THIS APPLICATION FORM WITH BOTH LINES SIGNED. MAIL OR FAX THIS FORM AS SOON AS POSSIBLE