

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, Arow Gun™, 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: _____