



# NEW DEALER APPLICATION

101 Main Street – Superior, WI 54880  
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[www.feradyne.com](http://www.feradyne.com)

<b>BUSINESS INFORMATION</b>	LEGAL BUSINESS NAME			ACCOUNT NUMBER <i>OFFICE USE ONLY</i>		
	BILLING ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)	
	PHONE	FAX	E-MAIL			
	PRIMARY SHIPPING ADDRESS (if different from above) – for additional ship-to addresses, see pg. 3					
	HOURS OF OPERATION / DELIVERY HOURS			LIFTGATE NEEDED (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	YEARS IN BUSINESS	NO. OF EMPLOYEES	TYPE OF OWNERSHIP (check one) <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
	TERMS REQUESTED (check one) ** <input type="checkbox"/> Credit Card / Wire / Prepaid <input type="checkbox"/> Net 30		TRADE ORGANIZATION	MEMBERSHIP NUMBER		
<b>CONTACTS</b>	OWNER		E-MAIL		DAYTIME PHONE / CELL PHONE	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)	
	STORE MANAGER		E-MAIL		DAYTIME PHONE / CELL PHONE	
	ARCHERY BUYER		E-MAIL		DAYTIME PHONE / CELL PHONE	
<b>CREDIT REFERENCES</b>	COMPANY NAME		ACCT. NO.	PHONE NO. / E-MAIL		
	BANK NAME		ACCT. NO.	ACCT. TYPE	PHONE / FAX	
				<input type="checkbox"/> Ckg. <input type="checkbox"/> Loan		
				<input type="checkbox"/> Ckg. <input type="checkbox"/> Loan		

**\*\* If your account has terms of Credit Card / Prepaid your card will be charged at the time of shipment \*\***



LEGAL BUSINESS NAME \_\_\_\_\_

**ADDITIONAL SHIP-TO ADDRESSES**

STORE NAME		STORE NUMBER (if applicable)	
SHIPPING ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
PHONE	FAX	E-MAIL	
STORE MANAGER		E-MAIL / DIRECT PHONE NO.	
HOURS OF OPERATION / DELIVERY HOURS		LIFTGATE NEEDED (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	

STORE NAME		STORE NUMBER (if applicable)	
SHIPPING ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
PHONE	FAX	E-MAIL	
STORE MANAGER		E-MAIL / DIRECT PHONE NO.	
HOURS OF OPERATION / DELIVERY HOURS		LIFTGATE NEEDED (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	

STORE NAME		STORE NUMBER (if applicable)	
SHIPPING ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
PHONE	FAX	E-MAIL	
STORE MANAGER		E-MAIL / DIRECT PHONE NO.	
HOURS OF OPERATION / DELIVERY HOURS		LIFTGATE NEEDED (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	

# CANADA UNIFORM SALES & USE TAX CERTIFICATE

## MULTI-PROVINCE

### PURCHASE EXEMPTION CERTIFICATE (PEC)

Canadian manufacturers or resellers may be exempt from PST/QST by completing this form

The below-listed provinces have indicated that this form of certificate is acceptable for PST exemption. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state as these may change from time to time.

Issued to seller: \_\_\_\_\_

Address: \_\_\_\_\_

Date of purchase: \_\_\_\_\_

I certify that (company name) \_\_\_\_\_

at (address) \_\_\_\_\_

is engaged as a registered:     Wholesaler     Retailer     Manufacturer     Seller

And is registered with the below listed provinces and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business.

We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

\_\_\_\_\_

**Business License # (REQUIRED)** \_\_\_\_\_

*I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or informs the seller for added tax billing. This certificate shall be part of each order that we hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.*

*Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.*

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note: This form is applicable to Canadian buyers for multi-province tax exemption only. Canadian manufacturers or Canadian resellers are exempt by filling out this form.*