



NEW DEALER APPLICATION

101 Main Street – Superior, WI 54880
 PH: 800.282.4868 FAX: 715.395.9959
www.feradyne.com

BUSINESS INFORMATION	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		
CONTACTS	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	
CREDIT REFERENCES	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	

**DELAWARE
DOES NOT
HAVE A SALES
& USE TAX**

**ENTER
“00000000” IN
TAX FIELD**