



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 <small>OFFICE USE ONLY</small>		
	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		
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	



Louisiana Resale Certificate
 Sales Tax Exemption
 Certificate for Purchases for Resale
R.S. 47:301(10)

Please print or type.

Purchaser Information			
Name of purchaser, as shown on the sales tax account		Sales Tax Account Number (10 digits)	
Address		Telephone	
City		State	ZIP
Purchaser's Type of Business			
Description of purchaser's business activity or items sold:			

I, the purchaser, certify that all materials, goods, merchandise, and services purchased from the seller named below are for resale as tangible personal property, either in the same form as purchased or to be added as a recognizable, identifiable, and beneficial component of a new product. I further certify that all tax-exempt purchases will be resold in the normal course of our business.

I understand that if I use any of the items other than for resale, I must pay sales tax at the time of use. If this purchase is later found to be subject to tax, I, the purchaser, assume full liability for the tax.

Seller Information			
Seller FeradDyne Outdoors, LLC			
Address (Street & number or P.O. Box) 101 Main Street			
City Superior		State WI	ZIP 54880

Any purchaser or agent who fraudulently signs this certificate without intent to use the taxable items for resale is subject to all the penalties provided for by Title 47 of the Louisiana Revised Statutes and collection will be pursued against the seller or purchaser for any taxes, penalties and interest due.

Purchaser's Declaration	
Name	Title
Signature X	Date (mm/dd/yyyy)