



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	

State of Mississippi Resale Certificate

To: FeraDyne Outdoors LLC DBA: Field Logic, Inc.

The undersigned hereby certifies that the merchandise purchased on each order we shall give, and until this notice is revoked by us in writing, is purchased for resale as tangible personal property or resale as a service subject to tax. As purchaser of such goods and services, we are solely responsible for any sales or use tax due thereon.

We further agree to reimburse you for any and all sales and use tax which you became legally obligated to pay to the State of Mississippi on orders which you received from us. It is our intention and purpose to indemnify and hold you harmless for all costs incurred by you for your reliance on this Resale Certificate furnished by us.

Purchaser Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sales Tax Registration Number: _____

Signed By: _____

Print Name: _____

Date: _____

WARNING:

This blanket Certificate of Resale must be completed and signed before it is valid.