



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	



Oregon Business Registry Resale Certificate

Oregon doesn't impose a general sale/use/transaction tax. An Oregon buyer who purchases goods outside Oregon for resale in the ordinary course of business may provide this certificate to an out-of-state seller of property as evidence that the buyer is registered to do business in Oregon.

The seller may accept this certificate as a substitute "resale certificate" for purposes of exempting the transaction from that state's sales/use/transaction tax, but isn't required to do so.

A. Purchaser information

Purchaser/business name	Oregon Business Registry number*
Purchaser/business address	Telephone
This business' only physical location is in Oregon. <input type="checkbox"/> Yes <input type="checkbox"/> No	
This business is engaged in selling the following type of tangible property:	

*To verify the business registration, visit www.oregon.gov/SOS > Corporation > Business Registration Services > Business Name Search.

B. Personal property information

Description of personal property to be purchased for resale:
archery accessories, equipment & supplies as purchased from:
FeraDyne Outdoors, LLC
101 Main Street
Superior, WI 54880

I hereby certify that, in the regular course of my business operations, I will resell the item(s) listed in Part B above, which I am purchasing under this resale certificate in the form of tangible personal property. I will resell the item(s) making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as described, I may owe use tax based on each item's purchase price or as otherwise provided by law.

Name of person signing for business	Title
Signature of person signing for business	Date