



# DEALER APPLICATION FORM

101 Main Street – Superior, WI 54880  
 PH: 800.282.4868 FAX: 715.395.9959  
[www.feradyne.com](http://www.feradyne.com)

BUSINESS	BUSINESS NAME			ACCOUNT NUMBER <small>OFFICE USE ONLY</small>	
	BILLING ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)
	PHONE	FAX	E-MAIL		
	SHIPPING ADDRESS (if different from above)				
	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		
	ACCOUNT TYPE (check one) <input type="checkbox"/> Credit Card/Wire/Prepaid <input type="checkbox"/> Net 30 Days		TRADE ORGANIZATION MEMBERSHIP(S)		MEMBERSHIP NUMBER(S)
OWNERSHIP	NAME 1		TITLE	DAYTIME PHONE	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)
	NAME 2		TITLE	DAYTIME PHONE	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)
SUPPLIERS	COMPANY NAME		ACCOUNT NO.	PHONE NO.	FAX NO.
BANK	BANK NAME		ACCOUNT NO.	ACCT. TYPE	
				<input type="checkbox"/> Ckg. <input type="checkbox"/> Loan	
			<input type="checkbox"/> Ckg. <input type="checkbox"/> Loan		

***PERSONAL GUARANTEE – MUST BE SIGNED IF TERMS ARE DESIRED***

For value received, including merchandise, services, or other valuable consideration, I hereby unconditionally guarantee at all times full and prompt payment upon demand of any indebtedness which has been incurred under this agreement. I understand this to mean that I will personally guarantee payment of all debts, obligations and collections costs under this agreement. All checks returned for Not Sufficient Funds (NSF) will be charged a \$30.00 fee.

DATE SIGNED BY PRINT NAME

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DATE SIGNED BY PRINT NAME

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***PLEASE READ AND SIGN THE FOLLOWING STATEMENT AFTER YOU HAVE COMPLETED APPLICABLE SECTIONS ABOVE***

You are authorized to contact parties indicated on this application for verification. For purposes of obtaining credit, I/we certify that the information given on this application is true and accurate, and any financial information submitted correctly reflects our financial condition. I/we agree to pay all invoices within stated terms and to pay service charges on amounts paid after invoice due dates at a rate of 1.5% per month, or the maximum allowable rate, whichever is less. In the even a suit is instituted to collect amounts owing to you and a judgement is rendered in your favor, I/we agree to pay court costs, collections costs, and reasonable attorney fees. I/we have read this agreement and a copy has been made available to me/us or is available upon request from the credit department.

DATE SIGNED BY PRINT NAME

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DATE SIGNED BY PRINT NAME

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# Form ST-4 Sales Tax Resale Certificate

Name of purchaser Social Security or Federal Identification number

Address

City/Town State Zip

Type of business in which purchaser is engaged:

Type of tangible personal property or service being purchased (be as specific as possible):

Name of vendor from whom tangible personal property or services are being purchased:

**FeraDyne Outdoors, LLC**

Address City/Town State Zip  
**101 Main Street** **Superior** **WI** **54880**

I hereby certify that I hold a valid Massachusetts Vendor's Registration, issued by the Commissioner of Revenue, pursuant to Massachusetts General Laws, Chapter 64H, section 7, and that I am in the business of selling the kind of tangible personal property or services being purchased under this certificate, and that I intend to sell such property or services in the regular course of my business.

**Signed under the penalties of perjury.**

Signature of purchaser Title Date

**Check applicable box:**  Single purchase certificate  Blanket certificate

### Notice to Vendors

1. Massachusetts General Laws assume that all gross receipts of a vendor from the sale of tangible personal property and services are from sales subject to tax, unless the contrary is established. The burden of proving that a sale of tangible personal property or service by any vendor is not a retail sale is placed upon the vendor unless he/she accepts from the purchaser a certificate declaring that the property or service is purchased for resale.
2. A resale certificate relieves the vendor from the burden of proof only if it is taken in good faith from a purchaser who is engaged in the business of selling tangible property or services and who holds a valid Massachusetts sales tax registration.
3. The good faith of the vendor will be questioned if he/she has knowledge of facts which give rise to a reasonable inference that the purchaser does not intend to resell the property or services. For example, knowledge that a purchaser of particular merchandise is not engaged in the business of selling the kind of merchandise or service he/she is purchasing under this certificate would constitute grounds to question the good faith of the vendor.
4. The vendor must make sure that the certificate is filled out properly and signed before accepting it.
5. The vendor must retain this certificate as part of his/her permanent tax records.

If you have any questions about the acceptance or use of this certificate, please contact: **Massachusetts Department of Revenue, Customer Service Bureau, PO Box 7010, Boston, MA 02204, or call (617) 887-MDOR or toll-free, in-state 1-800-392-6089.**

### Notice to Purchasers

1. This certificate is to be used when the purchaser intends to resell the tangible personal property or service in the regular course of business. Manufacturers claiming an exempt use of the materials, tools and fuel which will be used in the manufacture, processing or conversion of tangible personal property should use Form ST-12, Exempt Use Certificate. Tax-exempt organizations making purchases for other than resale are to use Form ST-5, Exempt Purchaser Certificate.
2. The purchaser must hold a valid Massachusetts vendor registration. If you need to apply for a registration, go to [www.mass.gov/dor](http://www.mass.gov/dor) and click on WebFile for Business to complete an online application for registration.
3. This certificate must be signed by and bear the name and address of the purchaser and his/her Federal Identification number. This certificate must also indicate the type of tangible personal property purchased and resold by the purchaser.
4. If a purchaser who gives a certificate makes any use of the property other than retention, demonstration or display while holding it for sale in the regular course of business, such property will be subject to the Massachusetts sales or use tax, as of the time the property is first used by him/her.
5. If you are engaged in a service activity, and are unsure as to the eligibility of the tangible personal property being purchased for resale, see the regulation on Service Enterprises, 830 CMR 64H.1.1.
6. For further information about the use of resale certificates, see the regulation on Resale and Exempt Use Certificates, 830 CMR 64H.8.1.

**Warning: Willful misuse of this certificate may result in criminal tax evasion sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines.**

**This form is approved by the Commissioner of Revenue and may be reproduced.**