



DEALER APPLICATION FORM

101 Main Street – Superior, WI 54880
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BUSINESS	BUSINESS NAME			ACCOUNT NUMBER <i>OFFICE USE ONLY</i>	
	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 _____

DATE _____ SIGNED BY _____ PRINT NAME _____

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 event 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 _____

DATE _____ SIGNED BY _____ PRINT NAME _____

COMMONWEALTH OF VIRGINIA
SALES AND USE TAX CERTIFICATE OF EXEMPTION

(For use by a Virginia dealer who purchases tangible personal property for resale,
or for lease or rental, or who purchases materials or containers
to package tangible personal property for sale)

To: FeraDyne Outdoors, LLC Date
(Name of supplier)

101 Main Street Superior WI 54880
(Number and street or rural route) (City, town, or post office) (State) (ZIP Code)

The Virginia Retail Sales and Use Tax Act provides that the Virginia Sales and use tax shall not apply to tangible personal property
purchased for resale; that such tax shall not apply to tangible personal property purchased for future use by a person for taxable lease or rental
as an established business or part of an established business, or incidental or germane to such business, including a simultaneous purchase
and taxable leaseback. The Act provides also that such tax shall not apply to packaging materials such as containers, labels, sacks, cans, boxes,
drums or bags if the materials are marketed with a product being sold and become the property of the purchaser.

This Certificate of Exemption may not be used by a using or consuming construction contractor as defined in the Regulations.

The undersigned dealer hereby certifies that all tangible personal property purchased from the above named supplier on and after this
date will be purchased for the purpose indicated below, unless otherwise specified on each order, and that this Certificate shall remain in effect
until revoked in writing by the Department of Taxation. (Check proper box below.)

- 1. Tangible personal property for RESALE only.
2. Tangible personal property for future use by a person for taxable LEASE OR RENTAL as an established business, or part of
an established business, or incidental or germane to such business, or a simultaneous purchase and taxable leaseback.
3. Packaging materials such as containers, labels, sacks, cans, boxes, drums or bags that are marketed with a product being sold
and become the property of the purchaser.

Name of Dealer Certificate of Registration No.

Trading as

Address (Number and street or rural route) (City, town, or post office) (State) (ZIP Code)

Kind of business engaged in by dealer

I certify that I am authorized to sign this Certificate of Exemption and that, to the best of my knowledge and belief, it is true and correct,
made in good faith, pursuant to the Virginia Retail Sales and Use Tax Act.

By (Signature) (Title)

(If the dealer is a corporation, an officer of the corporation or other person authorized to sign on behalf of the corporation must sign;
if a partnership, one partner must sign; if an unincorporated association, a member must sign; if a sole proprietorship, the proprietor must sign.)

Information for supplier—A supplier is required to have on file only one Certificate of Exemption properly executed by the dealer who
buys tax exempt tangible personal property for the purpose indicated hereon.