



DEALER APPLICATION FORM

101 Main Street – Superior, WI 54880
 Phone: 800.282.4868 Fax: 715.395.9959
www.feradyne.com

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)				
	YEARS IN BUSINESS	NO. OF EMPLOYEES	TYPE OF OWNERSHIP (check one)		
			<input type="checkbox"/> LLC	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
ACCOUNT TYPE (check one)		TRADE ORGANIZATION MEMBERSHIP(S)		MEMBERSHIP NUMBER(S)	
<input type="checkbox"/> Credit Card/Wire/Prepaid		<input type="checkbox"/> Net 30 Terms			
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 & CITY/STATE		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 – DO NOT INCLUDE TITLE WHEN SIGNING

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 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	TITLE	PRINT NAME
_____	_____	_____	_____
DATE	SIGNED BY	TITLE	PRINT NAME
_____	_____	_____	_____

CANADA UNIFORM SALES & USE TAX CERTIFICATE
MULTI-PROVINCE
PURCHASE EXEMPTION CERTIFICATE (PEC)

Canadian manufacturers or resellers may be exempt from PST/QST by completing this form

The below-listed provinces have indicated that this form of certificate is acceptable for PST exemption. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state as these may change from time to time.

Issued to seller: FeraDyne Outdoors LLC

Address: 101 Main Street - Superior, WI 54880

Date of purchase: _____

I certify that (company name) _____

at (address) _____

is engaged as a registered: Wholesaler Retailer Manufacturer Seller

And is registered with the below listed provinces and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business.

We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Registration ID number of purchaser (Vendor permit #): _____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or informs the seller for added tax billing. This certificate shall be part of each order that we hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____ Print Name: _____

Title: _____ Date: _____

Please note: This form is applicable to Canadian buyers for multi-province tax exemption only. Canadian manufacturers or Canadian resellers are exempt by filling out this form.