



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
_____	_____	_____

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
_____	_____	_____	_____

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.