

DEALER/CREDIT APPLICATION

VENATOR GEAR, INC.
P.O. Box 1474
Belgrade, MT. 59714
Phone: (866) 302-2555
FAX: (866) 302-2555

Company Name: _____

Operating Hours: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Email: _____

Store Size: _____

Shooting Lanes: _____

Year Established: _____

State Business License # (Need Photo Copy): _____

State Resale Tax # (Need Photo Copy): _____

Type of Ownership: Corporation _____ Partnership _____ Sole Proprietorship _____

Owner or Principle: _____

Home Address: _____

Home Phone#: _____

D.O.B _____

Cell Phone#: _____

SSN#: _____

Payables Contact: _____
Store Purchaser: _____

Type of Account Requested (please circle one): C.O.D. Open Account Visa/MasterCard

BANK INFORMATION

Bank Name: _____

Address: _____

Contact: _____

Acct#: _____

SPORTING GOODS TRADE REFERENCES

<u>Company Name</u>	<u>City, State</u>	<u>Fax Number</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

How did you hear about E-Z-V Sight? (please circle one)

Magazine Salesman Manufacturer Dealer Show Consumer

Please name the above circled item: _____

GUARANTEE OF PAYMENT

The undersigned agrees to pay full amount of all invoices according to the terms stated on each invoice for goods and or services provided. In the event the account becomes past due the undersigned agrees to pay a 2% per month finance charge on the outstanding past due balance until all past due amounts are paid in full. Undersigned also agrees to pay all costs of collection including fees incurred by collection agencies and all legal fees including attorney's fees if legal proceedings are instituted.

Principles or Owners signature: _____

Print Name: _____

Date: _____