



3Rivers Archery

607 H.L. Thompson Jr. Dr. • P.O. Box 517 • Ashley, Indiana 46705
3RiversArchery.com • info@3riversarchery.com

DEALER APPLICATION

Business Information:

Business name _____ Buyer's name _____

Billing address _____

City _____ State _____ Zip _____

Shipping address _____

City _____ State _____ Zip _____

Business phone () _____ Business fax () _____

Where did you hear about us? _____

Does anyone live at the business address? ☐ YES ☐ NO

Owner Information:

Social Security #/Federal Tax ID# _____ Home Phone () _____

Owner(s) name(s) _____

Address _____

City _____ State _____ Zip _____

Web site _____ E-mail address _____

Type of business _____ Number of years in business _____

Number of employees _____ Part time _____ Full time _____

Store hours _____ Weekdays _____ Weekend _____

Type of business ☐ Corporation ☐ Partnership ☐ Proprietorship

Business location ☐ Commercial bldg. ☐ Other

Type of merchandise _____

Approx. inventory value \$ _____

Bank References:

☐ I hereby authorize information to be furnished to Three Rivers Archery Supply, Inc.

Bank name _____

City _____ State _____ Zip _____

Phone () _____ Account number _____

(Business accounts only, please)

Credit Information:

(Please supply trade references with at least 6 months experience.)

Reference 1: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Account number _____

How long open account _____ Amount last purchased \$ _____ Credit limit \$ _____

Reference 2: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Account number _____

How long open account _____ Amount last purchased \$ _____ Credit limit \$ _____

Reference 3: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Account number _____

How long open account _____ Amount last purchased \$ _____ Credit limit \$ _____

In order to process your application, please read the following statements and sign both.

I hereby certify that the information set forth above, together with all the information submitted in connection with this application is true and correct. I understand that Three Rivers Archery Supply, Inc. will rely on this information in extending credit to me. Due date is determined from date shipped. By law, a finance charge of not more than 1-1/2% per month will be assessed on any past due invoice(s). Rate is governed by individual state laws. I have read and understand the terms of sales stated herein and agree that such terms apply to all transactions with Three Rivers Archery Supply, Inc.

Applicant signature _____ Date _____

I hereby agree to pay Three Rivers Archery Supply, Inc. all indebtedness now or hereafter owing by me to said company, whether individually, partnership or corporation in consideration of Three Rivers Archery Supply, Inc. extending credit to above applicant, the undersigned does hereby individually and personally guarantee to Three Rivers the sums of money as may at anytime hereafter become due to Three Rivers Archery Supply, Inc. from said applicant for goods sold to the applicant whether said indebtedness be in form of notes, bills, or open account. If it becomes necessary to enforce this guarantee by suit, I agree to pay interest and attorney fees as allowed by law.

Personal guarantee _____ Date _____

INCLUDE A COPY OF YOUR RETAIL LICENSE WITH THIS APPLICATION
Minimum Opening Order - \$500.00 • Minimum Follow-Up Orders - \$50.00

NOTICE: NO ORDERS WILL BE ACCEPTED BEFORE WE RECEIVE THIS APPLICATION FORM WITH
BOTH LINES SIGNED. MAIL OR FAX THIS FORM AS SOON AS POSSIBLE