



543 W. Market St, Box 356 Beavertown PA 17813 | p.570.658.1069 f.570.658.3726 | DeadCenterArcheryProducts.com

Dealer Application

All information will be kept confidential and used only in determining the qualifications for establishing you as a dealer customer. It is necessary to complete and return this form **and** include a copy of your state tax license or business license **before** any shipment will be made.

Requested Terms: Net 30 Credit Card Prepayment

Business Address Information

Company Name: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Shipping Address: _____

City: _____ **State:** _____ **Zip:** _____

If you would like to be included in our Online Dealer Locator, please complete the following:

Address of Retail Location: _____

City: _____ **State:** _____ **Zip:** _____

Website: _____

Business Contact Information

Phone: _____ **Fax:** _____

Store Owner/Manager: _____ **Email:** _____

Archery Buyer: _____ **Email:** _____

Accounting Contact: _____ **Email:** _____

General Business Information

Is your company known by any other name?: _____

Number of years in business: _____ **Hours of Operation:** _____

Please Check All That Apply: Wholesale/Distributor Retail Sales Repair/ Pro Shop
 Archery Range Physical Location Online Sales

Type of Ownership: Corporation Partnership Proprietorship. Other (Specify): _____

Name of Buy Group(s) and # (if applicable): _____

State Sales/Use Tax ID #: _____ **EIN#/SSN:** _____
Copy must be submitted with this form



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Principle Owner(s) Position Home Address Home Phone

Three horizontal lines for entering owner information.

Trade References

Complete the following section if you would like to apply for Terms/Credit. Attach additional sheets as necessary.

Company Address Account # Phone# Contact

Three numbered lines for trade references.

Signatures

I/WE acknowledge receiving a copy of this application and declare my/our willingness to abide by Dead Center Archery Products terms of payment. It is also agreed the I/we will pay a late fee of 2% per month of the total amount past due, and should a default in payment occur, I/my company will pay all reasonable collection costs, attorney fees and court expenses. If a suit is instated due to nonpayment, it is understood that Dead Center Archery Products will be recognized as having venue and jurisdiction.

In consideration of Dead Center Archery Products extending credit to my/our company, I/we as (an) officer(s), do personally guarantee and indemnify Dead Center Archery Products against loss or indebtedness from my/our company. This guaranty shall be a continuing and irrevocable guaranty which shall be binding upon me and my/our legal representatives, and notice of default waived Information provided on this form is given for the purpose of obtaining credit, and is warranted to be true. Dead Center Archery Products is authorized to contact the reference on this application and verify my/our credit/financial history and experiences.

Signed: Date:

Name Printed:

Signed: Date:

Name Printed:

Return this completed application along with a copy of business or state tax license to:

By Mail: Dead Center Archery Products Attn. Credit Manager PO Box 356 Beavertown PA 17813

Email: sales@deadcenterarchery.com

Fax: 570.658.3726