

Bowtech - Excalibur 2017 APPLICATION



PLEASE FILL OUT THE ENTIRE FORM TO THE BEST OF YOUR ABILITY. THIS FORM MUST BE SIGNED IN ORDER FOR YOUR DEALERSHIP TO BE APPROVED. IF YOU ARE A NEW BUSINESS, WE WILL HAVE TO RUN YOUR PERSONAL CREDIT TO APPLY FOR TERMS.

| | | | |
|--------------------------------|---|------------------------------------|-----------------------|
| Complete Legal Business Name | | Store Hours | Yrs. In Business |
| Owners Name (print) | | # of Full Time Employees | Retail Square Footage |
| Store Location (street) | | Business Phone # | Business Fax # |
| Business Tax ID # | State ID # | Cell# or 2 nd contact # | Home # |
| Shipping Address, if different | | Email Address | |
| Mailing Address, if different | | Web Address | |
| # of full time employees | Yrs. In Business | Retail Square Footage | Store Hours |
| Accounts Payable address: | | Contact name and Phone: | |
| Archery Buyer: | | Store Manager: | |
| # of years at this location: | # of years in business under this name: | | Annual Sales Volume |

Please fill out the information below completely so we can make an informed decision about your request to become a dealer. Required

Annual Archery sales volume 2016 (\$) _____ 2015 (\$) _____ 2014 (\$) _____ # of certified Bow technicians _____

Do you have (please circle all applicable) Indoor Archery Range / (#of lanes) _____ / Outdoor Range / Leagues / 3-D Range

What percentages of your annual sales volume are: **High Performance bows** _____% **Mid Range** _____% **Low** _____%
Package Bows _____% **Crossbows** _____% **Traditional** _____%

What bow brands do you currently carry? # of units sold (last calendar year) **Required 1.)** _____ of units ____
2.) _____ # of units **3.)** _____ #of units _____
4.) _____ #of units _____

Of the brands listed, what is your number one selling bow line? _____ Why? _____
What bow do you personally shoot? _____ Why? _____

| | |
|--|---|
| DOES YOUR COMPANY HAVE A SHIPPING/ROUTING GUIDE OR VENDOR MANUAL? | |
| N Y | IF YES PLEASE ATTACH |
| CURRENTLY A BOWTECH CUSTOMER? Y N | CURRENTLY AN EXCALIBUR CUSTOMER? Y N |

Applying for terms? Y N Credit Limit Desired _____ If No terms: **COD** or **CC**
 Name on Card: _____ Card # _____ Exp: ____/____ Security Code _____
ARE YOU A MEMBER OF A BUYING GROUP? Y N NAME _____ ACCOUNT# _____

| | | |
|---|---------------------------------|--------------------------------------|
| Tax Information for Canadian Customer: Current Bowtech Customer? Y N | | |
| Fed Tax ID _____ | Social Security ID _____ | Name as appears on card _____ |

Tax Information for US Customer: Resale no _____

Type of Business (check one)

- Sole Proprietorship
- Partnership
- LLC, State _____
- Corporation, State _____ BIN# _____ EIN# _____

OWNERSHIP:

| | | |
|---------------------|-------------|----------------------|
| Name of Owner _____ | Phone _____ | |
| Home Address _____ | City _____ | State ____ Zip _____ |
| Name of Owner _____ | Phone _____ | |
| Home Address _____ | City _____ | State ____ Zip _____ |

Regular Archery Trade References:

(Please check current or recent vendors)

Hoyt Lancaster Ellett Bros Kinsey's PSE Easton Other _____

TRADE REFERENCES:

| | | |
|---------------|-------------|----------------------|
| Company _____ | Phone _____ | Contact Name _____ |
| Address _____ | City _____ | State ____ Zip _____ |
| Company _____ | Phone _____ | Contact Name _____ |
| Address _____ | City _____ | State ____ Zip _____ |
| Company _____ | Phone _____ | Contact Name _____ |
| Address _____ | City _____ | State ____ Zip _____ |

BANK REFERENCES:

| | |
|-----------------|---|
| Bank _____ | Contact Name _____ |
| Account # _____ | City _____ State ____ Zip _____ Phone _____ |
| Bank _____ | Contact Name _____ |
| Account # _____ | City _____ State ____ Zip _____ Phone _____ |

PLEASE ATTACH PHOTOS OF YOUR STORE FRONT, RETAIL SPACE, AND RANGE (IF AVAILABLE) WHEN SUBMITTING THIS APPLICATION.

Complete Legal Business Name _____

TERMS OF SALE AUTHORIZATION

Bowtech, Excalibur, Diamond, Octane, and Stryker shall be referred to as Company in this agreement. I agree to pay all invoices in accordance with the terms stated on each invoice and to pay a late charge of 1-1/2% per month, 18% per annum, on the balance of my account if not paid according to these terms. If the account is referred to a collection agency or attorney for collection, I agree to pay all collection agency fees, reasonable attorney's fees, and any necessary court costs and other expenses stemming from any legal action, and/or disbursements, even if a complaint is never filed with a Court. The laws of the State of Oregon shall exclusively apply to all aspects of the parties' relationships and dealings. If a legal proceeding is commenced to collect on this account, Company shall be entitled to recover reasonable attorney's fees, costs and disbursements in such proceeding, or appeal thereof. If a legal proceeding is brought, venue shall be in the county and state of Company's choice and the laws of Oregon shall govern. In the event of termination of the Dealership, or default by the Dealer, with respect to any terms or conditions contained in the Dealer Application, Credit Application or Dealer Policy Manual, or if Company deems itself insecure regarding its ability to collect the account balance, the entire account balance shall be immediately due and payable. Company may at any time, for any reason whatsoever, refuse to extend credit regarding this account or any other account I may have with the Company. Checks dishonored by the bank upon which they are drawn will be subject to a fee of \$25.00 per occurrence. The undersigned hereby warrants that all purchases are for business or commercial purposes and are not for personal, family or household use. Applicant acknowledges that Company may establish and maintain a credit file based on verification of the information contained in the application and that it will be periodically reviewed and updated as Company deems necessary. I authorize Company to contact my references regarding my credit standing. I represent the above information is complete and accurate, and that I expect Company to rely on this information in the extension of credit. All prices are inclusive of US "Federal Excise Tax" on Archery Equipment. Excalibur Crossbow US Inc. assumes responsibility for calculation and remittance of "FET".

IMPORTANT! SIGNATURE(S) REQUIRED TO PROCESS THIS APPLICATION

AUTHORIZED SIGNATURE* _____ DATE _____
TYPE OR PRINT NAME _____

*Signer must be able to legally obligate the business for payment of the account balance.

INDIVIDUAL GUARANTY

Each of the undersigned, individually and jointly, hereby unconditionally guarantees full payment of all present and future indebtedness of the Applicant (Indebtedness) to Company.

This Guaranty is open and continuous and each of the undersigned hereby consents to all future action of Company relating to the Indebtedness, including extending credit, changing the terms of any Indebtedness, or releasing any security or obligor, all without notice to Guarantor. Company may proceed directly against Guarantor without first proceeding against Applicant or any other person or against any other security Company may possess.

If a legal proceeding is commenced to interpret or enforce this Guaranty, Company shall be entitled to recover its reasonable attorney's fees, costs and disbursements in such proceeding or any appeal thereof.

SIGNATURE _____ PRINT NAME _____ DATE _____
SIGNATURE _____ PRINT NAME _____ DATE _____

AUTHORIZATION TO OBTAIN A CONSUMER CREDIT REPORT

The undersigned hereby consent(s) to Company's use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by the accompanying credit application. The undersigned hereby authorize(s) Company to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by the credit application. The undersigned as (an) individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C Sec. 1681 et seq.

SIGNATURE _____ PRINT NAME _____ SOC. SEC. # _____
SIGNATURE _____ PRINT NAME _____ SOC. SEC. # _____
DATE _____

FOR OFFICIAL USE ONLY

Pricing Program _____ Payment Terms _____ Rep Group _____ Commission rate _____
Date Received _____ Dealer Number _____
Credit Limit _____ Approved _____ Date _____

BOWTECH • 90554 Highway 99 North • Eugene • Oregon • 97402

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