

5232 Centerville Road, Saint Paul, MN 55127
(651) 426-4882 or (800) 626-3844



DATE SUBMITTED _____

BUSINESS INFORMATION

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Fax # (if available): _____

Website: _____

Daytime Phone _____

E-mail for Account Login: _____

**** This e-mail address will be the primary point of contact and will be the ONLY link to the web-account and for placing orders ****

WHAT TYPE OF BUSINESS ARE YOU?

__ Proprietorship __ Partnership __ Corporation
__ State of Inc.

Shop/Range Area: _____ sq. ft.

Date Business Started: _____

Business Listing/Ad in Telephone Directory:

__ Yes __ No

OWNER INFORMATION

Owner's Name _____

Home Address _____

City: _____ State: _____ Zip: _____

Daytime Phone _____

LIST OF REQUIRED ATTACHMENTS

Please attach copies of the following documents

Business License # _____

State Sales Tax ID # _____

Photo of storefront and 3 different photo instore.

The photograph of the storefront **MUST** include signage of the business

City: _____ State: _____ Zip: _____

TERMS REQUESTED

Prepaid: __ MC __ VISA __ AMEX __ Open Account/Net 30 and will be the

**** This e-mail address will be the primary point of contact ONLY link to the web-account and for placing orders **** Receive Invoices via;

__ Email: _____ __ Mail To Billing Address

**** If applying for an Open Account, Archery Trade References must be included****

ARCHERY TRADE REFERENCES

(MUST LIST 2 REF.)

Ref. #1 _____

City: _____ State: _____

Phone: _____

Ref. #2 _____

City: _____ State: _____

Phone: _____

BUSINESS BANK DETAILS (If Applying For An Open Account)

Name of Bank: _____

Account Numbers - Checking: _____

Address: _____ City: _____ State: _____ Zip: _____

Bank Officer: _____ Phone: _____

I hereby authorize the bank to furnish information on the above accounts to Flex-Fletch Products.

Signature of Account Holder

Please send all documentation to: Flex-Fletch Products, 5232 Centerville Road, Saint Paul, MN 55127, www.orders@flexfletch.com

ACCOUNT # : _____ (FFP USE ONLY)



PLEASE READ AND CHECK THE BOX AGREEING TO THE TERMS & CONDITIONS BELOW:

All signatures on this application certify that the information set forth above, together with all information submitted in connection with this application is true and correct. I understand that Flex-Fletch Products, Inc. may rely on this information for extending credit to me. All returned checks will be assessed a \$30.00 service charge. Open account terms are Net 30 Days from the shipping date of the order. By law a finance charge of 3% per month will be assessed on any past due invoice. Rate is governed by individual state laws. I have read and understand the terms of sale stated above and agree that such terms apply to all transactions with

Flex-Fletch Products. _____

Company Name(Print)

(Print) Name of Authorized Signatory

Signature Title Date

Signature of person completing the above information within Organization agrees to a PERSONAL GUARANTEE of payment. I hereby agree to pay Flex-Fletch Products, Inc. all indebtedness now or hereafter owing by me to said company, whether individually, partnership or corporation. In consideration of Flex-Fletch Products extending credit to the above applicant, the undersigned does hereby individually and personally guarantee Flex-Fletch Products, Inc. the sum or sums of money as may at any time hereafter become due to Flex-Fletch Products, Inc. from the said applicant for goods sold to the applicant whether said indebtedness be in the form of notes, bills, or open account. If it becomes necessary to use a collection agency or to enforce this guarantee by suit, I agree to pay collection costs, interest and attorney fees as allowed by law.

Name Date