



SAWTOOTH OUTDOOR PRODUCTS

DEALER/CREDIT APPLICATION: Sawtooth Outdoor Products

801-690-4935

11464 Willamette Way Caldwell, Idaho 83605

Company Name: _____ Operating Hours: _____
 Mailing Address: _____ Store Size: _____
 City, State, Zip: _____ Shooting Lanes: _____
 Phone Number: _____ Year Established: _____
 Fax Number: _____ State Business License #: _____
 Email: _____ State Resale Tax #: _____
 Type of Ownership: Corporation Partnership Sole Proprietorship

Owner or Principle: _____ Owner or Principle: _____
 Home Address: _____ Home Address: _____
 City: _____ City: _____
 State: _____ Zip: _____ State: _____ Zip: _____
 Cell Phone#: _____ Cell Phone#: _____
 Payables Contact: _____ Store Purchaser: _____
 Type of Account Requested: C.O.D Open Account Visa/MasterCard Other: _____
 If approved: Bulk packaging Single Packaging with UPC codes

BANK INFORMATION

Bank Name _____ Acct# _____
 Address _____
 Contact: _____

SPORTING GOODS TRADE REFERENCES

Company Name	City	State	Fax Number
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

PSE rep (if applicable): _____

How did you hear about Sawtooth Outdoor Products?

Magazine Salesman Manufacturer Dealer Show Facebook Google Search Other

Details on above: _____

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. Typing below constitutes an electronic signature.

Principle's or Owner's signature: _____ Date: _____