



# Dealer Application

(Credit Dept Use)

**\*\* To Establish Dealer Eligibility \*\***

All blanks must be completed and returned to Pape's Credit Department with a copy of Resale Tax Certificate. Application will be void if copy of Resale Tax Certificate is not returned.

**--- SECTION I ---**

Payment Terms Preferred:

\* Dealer and/or Credit Application Terms are considered Credit Card until credit is approved by the Credit Department.

Prepaid	Credit Card	ACH	Open Account *
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Company Name \_\_\_\_\_

Postal Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Province \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Country \_\_\_\_\_  
 Business Phone \_\_\_\_\_  
 Business Fax \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Web Site \_\_\_\_\_

Ship Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Province \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Country \_\_\_\_\_  
 Business License \_\_\_\_\_  
 State Sales Tax # \_\_\_\_\_

Name of Owner \_\_\_\_\_

Home Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Province \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Country \_\_\_\_\_

Home Phone \_\_\_\_\_  
 SSN # \_\_\_\_\_

Place of Employment (if other than above company) \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Province \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Country \_\_\_\_\_

Phone \_\_\_\_\_

Is PO Required? \_\_\_\_\_ Buyer's Name \_\_\_\_\_

Business Location:      Internet Account Only      Commercial Building      Part of Home      Building on Premises

Will you be drop shipping?      Yes      No      Do you prefer a packing slip?      Yes      No

If you prefer a packing slip, please provide us with a company logo. After your account is approved, we will ensure your logo is incorporated. You can e-mail the logo to [tbranch@papesinc.com](mailto:tbranch@papesinc.com).

Full Time      Part Time      Hours: \_\_\_\_\_ to \_\_\_\_\_      Sun      Mon      Tue      Wed      Thu      Fri      Sat

Date Business Started: \_\_\_\_\_ Type:      Proprietorship      Partnership      Corporation      Other \_\_\_\_\_

Are you listed in the yellow pages?      Yes      No

If yes, what are you listed under? \_\_\_\_\_      If not, when? \_\_\_\_\_

Total Retail or Display Floor Space (sq ft) \_\_\_\_\_      Number of Full Time Employees \_\_\_\_\_      Number of Part Time Employees \_\_\_\_\_

Total Inventory \$ \_\_\_\_\_      Total Archery Inventory \$ \_\_\_\_\_      Other Total Inventory \$ \_\_\_\_\_      Total Annual Sales \$ \_\_\_\_\_

Signature  \_\_\_\_\_      Partner  \_\_\_\_\_      Date \_\_\_\_\_

Print Name \_\_\_\_\_      Print Name \_\_\_\_\_

Multi Jurisdiction Sales Tax Exemption Certificate  
(Kentucky Tax Law Requires All Blanks to Be Completed)

Issued to:      Pape's Inc., 250 Terry Boulevard, Louisville, Kentucky, 40229.

I certify that:      Company Name \_\_\_\_\_  
                            Address \_\_\_\_\_  
                            City \_\_\_\_\_  
                            State/Province \_\_\_\_\_  
                            Zip \_\_\_\_\_

Is engaged as a registered:      Wholesaler      Retailer      Manufacturer      Lessor      Other \_\_\_\_\_

is registered with the below listed state within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of retailing, wholesaling, manufacturing, leasing or renting \_\_\_\_\_

In this state \_\_\_\_\_      Our State Tax ID NO is \_\_\_\_\_

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provided or inform the seller for added billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller: \_\_\_\_\_

I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature  \_\_\_\_\_      Title \_\_\_\_\_      Date \_\_\_\_\_

--- SECTION II ---

Required only if applying for open account status. Also fill out Section III Bank Release.

In order to qualify for open account status, dealer must be established nine (9) months or longer, have full-time hours, located at a commercial address and have telephone service to sales floor with yellow pages listing.

List four (4) references with which you have had an open account for at least six (6) months.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_  
Zip \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_  
Zip \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_  
Zip \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_  
Zip \_\_\_\_\_

Credit Limit Desired \$ \_\_\_\_\_ Are you listed with Dun & Bradstreet? Yes No Rating, if known \_\_\_\_\_

Our firm listed in Section I is financially able to meet any obligation that is made by us and will pay invoices according to the terms set forth by PAPE'S INC. It is understood that the service charge on past due invoices (delinquent more than 30 days) will be 1-1/2% per month (18% per year annual rate) on unpaid past due invoices. These charges will be accessed on the thirty-first day of delinquency. In the event of (1) default of payment due, or (2) my death, bankruptcy, or insolvency, or (3) attachment of garnishments proceedings instituted against me or (4) the sale of my business, the entire outstanding balance becomes due and payable at once. I agree to pay late charges (1-1/2% per month interest) plus attorney fees (amounting to 33% of amount due) if legal action is taken for collection of balance due to PAPE'S INC.

Authorized Signature  \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**GUARANTEE OF ACCOUNT**

In order to induce Pape's Inc., 250 Terry Boulevard, Louisville, KY 40229, to provide merchandise, services or other valuable consideration, I hereby unconditionally guarantee, at all times, full and prompt payment, upon demand, of any indebtedness that may be incurred

owner's name \_\_\_\_\_ of (company name) \_\_\_\_\_

which is located at (complete address) Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_  
Zip \_\_\_\_\_

This is to be a continuing guarantee, and the extensions of time of payment or the acceptance of any sum or sums on account, or the acceptance of notes, drafts or any security from the guaranteed party to this agreement shall in no way weaken the validity of this personal guarantee which I am hereby executing. In event of any payment default, you shall have the right to proceed against me at any time, without notice, and without proceeding or action against the guaranteed party to this agreement, and any demand for payment is hereby waived. I have read and understand the terms of this guarantee, and a copy of same has been made available to me or is available upon request from the Credit Department of Pape's Inc.

\_\_\_\_\_  \_\_\_\_\_  
Date Signature of Guarantor Print Name

--- SECTION III ---

Account Number: \_\_\_\_\_  
(Credit Dept Use)

Accounts wishing to pay with ACH or companies applying for Open Account status, must complete the following form. In order to qualify for ACH or Open Account status, you must have a *Business Checking Account*.

Return this form along with Section I and II to Pape's Inc.

**BANK REFERENCE INFORMATION RELEASE**

I hereby authorize my bank:

Name	_____
Address	_____
City	_____
State/Province	_____
Zip	_____

to release pertinent account information to PAPE'S INC, 250 Terry Boulevard, Louisville, KY 40229, in order to establish a line of credit for my company.

Name (as listed by bank)	_____
Address	_____
City	_____
State/Province	_____
Zip	_____

My Business Account number is:	_____
My Personal Account number is:	_____
Business Loan Account number is:	_____
Personal Loan Account number is:	_____

Signed By:  \_\_\_\_\_

Date: \_\_\_\_\_

Please, DO NOT FAX APPLICATION!  
(Original Signature Needed)

Mail to:

PAPE'S INC  
250 TERRY BOULEVARD  
LOUISVILLE, KY 40229  
(502) 955-8118

**\*\* This form must be returned with Dealer Application \*\***

TO: New Accounts  
RE: Commercial Delivery or Residential Delivery

In order to set up your new account, we must determine if your shipping address is a Commercial Address or a Residential Address, according to guidelines set up by UPS and FedEx.

A Residential Delivery is any delivery made to a home, including a business operating out of the home, which does not have an entrance that is open to the public. If your place of business is a separate building with a posted sign with business hours therefore acknowledging that anyone can walk in off the street during these hours, it is considered commercial.

If you live on a ranch or farm and your business is at that location with your residence (physically connected) then that is a Residential Delivery. If, at that ranch or farm, there is a separate building where you conduct your business, then that is a Commercial Delivery.

Using this information, please answer the following question.

My business (shop), \_\_\_\_\_ is a :          Residential Delivery          Commercial Delivery  
  (name of shop)

Signature: **X** \_\_\_\_\_

Date: \_\_\_\_\_

If you are a Residential Delivery account, a Delivery Area Surcharge could apply. When does this apply? It applies to Residential Ground deliveries in certain zip codes. Providing service to these less populated or less accessible areas carry higher operating costs.

This surcharge is assessed to Pape's Inc. by our carriers (UPS and FedEx), and will be passed on to you. You will be charged the current published rates. (All charges are *per shipment*.) A shipment is considered your complete order whether it is one carton or multiple cartons. Pape's Is being assessed per package, not per shipment. That means on all multiple carton shipments we are paying that extra charge and not passing it on to you the customer.

**If you have any questions concerning Residential Delivery and Delivery Area Surcharges, please call:**

**Rick Bagley  
Pape's Inc.  
(800) 727-3462 extension 106**

# ACH Authorization Form

## DEBIT / CREDIT AUTHORIZATION FORM

As a duly authorized check signer on the financial institution account identified below, I hereby authorize Pape's Inc. to perform scheduled or periodic electronic funds, transfer debits, and/or credits to the same. This applies to "Check by Phone" payment as well as "Fax Check" payments.

Furthermore, if any such electronic debt(s) should be returned by the financial institution as Non-Sufficient Funds (NSF), I authorize Pape's Inc. to collect a returned check fee of \$35.00 per item by electronic debit from the account identified below.

Customer #: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Financial Institution Account Information:**

Enter financial institution account information into the fields provided or attach a blank VOID check. Please PRINT clearly.

Financial Institution:	Branch
City:	State: Zip:
9 Digit Transit/Routing #	Account #

These numbers are located on the bottom of your check as follows:

|: 12345678      |: 1234567890123  
Routing Number    Account Number