

**INTERSTATE ARMS CORP**  
6 DUNHAM RD BILLERICA, MA 01821  
TEL: 800-243-3006 ~ FAX: 978-671-0023

**FORM #2 - CONFIDENTIAL CREDIT APPLICATION**  
PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

REQUEST ACCOUNT TYPE: OPEN \_\_\_\_\_ OR COD, COMPANY CHECK \_\_\_\_\_

**BUSINESS INFORMATION**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

FFL# \_\_\_\_\_

OWNER/PRESIDENT'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

TYPE OF BUSINESS: OWNERSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_ YEARS AT THIS LOCATION: \_\_\_\_\_ NUMBER EMPLOYED: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT NAME: \_\_\_\_\_

ANNUAL SALES: \_\_\_\_\_

**BANK INFORMATION**

COMPANY BANK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

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**TRADE REFERENCES**

DISTRIBUTOR NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ APPROX. DATE OPENED: \_\_\_\_\_

DISTRIBUTOR NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ APPROX. DATE OPENED: \_\_\_\_\_

DISTRIBUTOR NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ APPROX. DATE OPENED: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_ APPROX. DATE OPENED: \_\_\_\_\_

**AGREEMENT**

I, THE UNDERSIGNED, STATE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT. I AUTHORIZE INTERSTATE ARMS CORP. TO INVESTIGATE THE ABOVE REFERENCES AND THE COMPANY BANK.

I, THE UNDERSIGNED, UNDERSTAND AND AGREE TO THE PAYMENT TERMS AND CONDITIONS GRANTED AND THAT THEY ARE SUBJECT TO REVIEW. I PERSONALLY AND INDIVIDUALLY GUARANTEE PAYMENT OF ALL SUMS AS THEY BECOME DUE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

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**BANK RELEASE FORM**

**TO WHOM IT MAY CONCERN:**

**BANKS USUALLY REQUIRE WRITTEN AUTHORIZATION FROM THEIR DEPOSITOR FOR THE RELEASE OF INFORMATION REGARDING THEIR ACCOUNT.**

**THEREFORE, PLEASE HAVE THIS AUTHORIZATION SIGNED BY A PERSON IN YOUR ORGANIZATION WHO IS AUTHORIZED TO SIGN CHECKS AND RETURN IT WITH YOUR CREDIT APPLICATION TO:**

**INTERSTATE ARMS CORP.  
CREDIT DEPARTMENT  
FAX: 978-671-0023**

**COMPANY NAME:** \_\_\_\_\_

**BANK NAME:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**PERMISSION IS HEREBY GIVEN FOR THE RELEASE OF INFORMATION ABOUT OUR ACCOUNT TO INTERSTATE ARMS CORP OF BILLERICA, MA.**

**I UNDERSTAND THAT ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.**

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_