

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: _____ 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: _____

(REQUIRED FIELD)

(REQUIRED FIELD)

ACCOUNT NUMBER: _____ CONTACT NAME: _____

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TRADE REFERENCES

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

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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: _____