



267 Columbia Avenue
P.O. Box 128
Chapin, SC 29036

www.EllettBrothers.com

1-800-845-3711

Dear Sir or Madam:

The following pages (4) comprise our New Dealer Application Packet. Upon receipt of the packet and below requirements, an Ellett sales associate will be in contact with you regarding packet confirmation and a catalog and merchandise information.

Submittal of the following information MUST be included with your New Dealer Application Packet

- Copy of your Federal Firearms License with your original signature (retailers of firearms only)
- Copy of your Business AND Resale Tax License
- A picture of your storefront AND inventory

Our policy is...

- That our dealers/retailers have a permanent business location separate from their living establishment
- We require our dealers/retailers to maintain a current and approved credit application
- That Ellett Brothers does not do business with anyone whose sole enterprise is e-commerce and does not have a legitimate store front

Ellett's New Dealer Application Packet may be sent, (Attention: Customer Care Mgr.) via the USPS, Fax or emailed. Submittals must be legible and images of high quality.

We look forward to establishing a long term, successful relationship with you in the future. Thank you for considering Ellett Brothers LLC

Sincerely,

Ellett Brothers Management

enc: Contact Questionnaire/Customer Information Form
Dealer Certification Form
Confidential Credit Application and Sales Agreement Form

NEW DEALER APPLICATION PACKET SUBMIT CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> Submit Online Contact Questionnaire/Customer Information OR printed form | <input type="checkbox"/> SIGNED Dealer Certification |
| <input type="checkbox"/> Confidential Credit Application and Sales Agreement | <input type="checkbox"/> SIGNED Copy of FFL (retailers of firearms only) |
| <input type="checkbox"/> Copy of Business License | <input type="checkbox"/> Copy of Resale Tax License |
| <input type="checkbox"/> Photo of your Storefront | <input type="checkbox"/> Photo of your inventory |

ACCOUNT # _____ **DATE:** _____ **SALES ASSOC #** _____

COMPLETE BUSINESS NAME: _____

ADDRESS 1: Addt'l Change Ship To Mail To
 Sold To Flyers

ADDRESS 1: Addt'l Change Ship To Mail To
 Sold To Flyers

Address: _____

Address: _____

City: _____

City: _____

State: _____ **Zip:** _____

State: _____ **Zip:** _____

Phone: _____

Fax: _____

Email: _____

Website: _____

NEEDS ELLETT BROTHERS PASSWORD **Password:** _____

BUSINESS LOCATED: Residential Area Business District **DATE BUSINESS BEGAN:** _____

F.F.L.: Yes No **Type:** _____ **Store Hours:** _____

Lead came from: _____ **Store Size:** _____

Yellow Page Business Listing: Yes No **Store Volume:** _____

SHOOTING	Long Guns	Handguns	Ammo	Reloading/Bullets	Archery
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	Scopes	Camping	Gun Cases/Holsters	Black Powder	Other
	_____	_____	_____	_____	_____

DISTRIBUTORS BUYING FROM: _____

Name: _____	Name: _____	Name: _____
Type Contact: Owner _____	Type Contact: Buyer/Contact _____	Type Contact: _____
Phone: _____	Phone: _____	Phone: _____
Fax: _____	Fax: _____	Fax: _____
Email: _____	Email: _____	Email: _____
Other: _____	Other: _____	Other: _____

DEALER CERTIFICATION

Please answer "yes" or "no" to the following questions:

1. _____ Dealer is familiar with all Federal, State and local laws and regulations governing the purchase, sale, possession and storage of firearms and complies with these at all times.
2. _____ Dealer acknowledges that it is a Federally Licensed Firearms dealer and that it has received and understands the information provided to it in the book of Federal Law (5300.4) and in the book of State Law (5300.5) by the Bureau of Alcohol, Tobacco and Firearms (BATF) that was furnished to it by the BATF.
3. _____ Dealer will monitor the sales to all consumers and will investigate and report to appropriate law enforcement agencies any action by a consumer which raises reasonable suspicion of illegal activity.
4. _____ Dealer will maintain adequate financial resources to pay all obligations to Ellett Brothers LLC. on a timely basis in accordance with the terms of sale established for its account.

By signing below I certify that the information provided in the preceding Ellett Brothers Customer Profile is accurate and true and that the answers to the above questions are also accurate and true.

Signature _____ Business Name _____

Print Name _____ Date _____

Title _____

PLEASE FAX OR MAIL TO:

Fax: 1-803-932-5122 or 800-323-3006

**Address: Customer Care Manager
P.O. Box 907
Chapin, SC 29036**

EMAIL PICTURES TO:

lindawolfe@ellett.com

FOR INTERNAL USE ONLY

Reviewed By Ellett Brothers Sales Manager

Account Approved: _____ Yes _____ No

Signature _____

Print Name _____

Title _____

Date _____



Confidential Credit Application And Sales Agreement

P.O. BOX 128 • CHAPIN, S.C. 29036 • 1-800-845-3711 • www.EllettBrothers.com

Please complete ALL information requested. The more information given, the more accurate our credit decision can be.
Our credit decision will be based on the information you provide to us.

Legal Company Name: _____

DBA or Trade Name (if different from above): _____

Billing Address: _____
Street City State Zip Code

Phone #: _____ Fax #: _____

Federal Taxpayer I.D. #: _____ Estimated Annual Sales: _____

Business Identity: Corporation LLC Partnership Sole Proprietorship

Date Business Began: _____ Date You Became Owner: _____

Check if: You have ever declared bankruptcy
 You have any pending lawsuits against you or your company
 A company you have had ownership in has ever declared bankruptcy

Building is: Owned Rented Leased

List below the individual names of the proprietors/owners, partners or the officers of the corporation and their respective titles. Please include each individual's home address, home telephone number, and social security number. Note: By including their Social Security Number, the Signor hereby authorizes us to obtain a credit report for the individual as well as for the business.

Name: _____ Title: _____

Home Address: _____
Street City State Zip Code

Home Phone #: _____ Social Security #: _____

Signature: _____

Name: _____ Title: _____

Home Address: _____
Street City State Zip Code

Home Phone #: _____ Social Security #: _____

Signature: _____

Name: _____ Title: _____

Home Address: _____
Street City State Zip Code

Home Phone #: _____ Social Security #: _____

Signature: _____

If no, please explain

Will you accept COD-Cash shipments until credit is established? Yes No _____

Would you sign a Personal Guarantee at our request? Yes No _____

Would you obtain a letter of credit from your bank at our request? Yes No _____

Person to contact regarding accounts payable payments/discrepancies, etc.: _____

Please select the credit that you are requesting once your application is approved: (check one)

- All shipments will be **COD-Cash** upon delivery (certified checks, money orders or bank drafts)
- All shipments will be **COD-Company Check** upon delivery (A bank reference and a reference of at least one other sporting goods distributor is required below)
- All shipments will be **Fax Check**. A fast and easy method of paying invoices with NO FEES. Contact the Credit Department for details.
- All shipments will be billed to my **Credit Card**. There is a 1.95% lost discount for credit card payments.
- Open Account Credit line desired: _____ Net 30 _____ Net 10th _____

A current financial statement should be included with this application.

- Statement enclosed Will furnish on request Unavailable (state reason): _____

TRADE REFERENCES

- | | |
|---|--|
| <input type="checkbox"/> AcuSport Corp. Acct. #: _____ | <input type="checkbox"/> Chattanooga Shooting . . . Acct. #: _____ |
| <input type="checkbox"/> AmChar Wholesale Acct. #: _____ | <input type="checkbox"/> Davidson's Acct. #: _____ |
| <input type="checkbox"/> Bangers Acct. #: _____ | <input type="checkbox"/> Donovans Acct. #: _____ |
| <input type="checkbox"/> Beretta Acct. #: _____ | <input type="checkbox"/> Medart Acct. #: _____ |
| <input type="checkbox"/> Big Rock Sports Acct. #: _____ | <input type="checkbox"/> Hicks, Luverne, AL Acct. #: _____ |
| <input type="checkbox"/> Bill Hicks & Co. Acct. #: _____ | <input type="checkbox"/> RSR Acct. #: _____ |
| <input type="checkbox"/> Browning Acct. #: _____ | <input type="checkbox"/> Sports South Acct. #: _____ |
| <input type="checkbox"/> Camfour Acct. #: _____ | <input type="checkbox"/> Zanders Sporting Goods . . Acct. #: _____ |

Other Trade References

- Name: _____ Acct. #: _____ Fax #: _____
- Name: _____ Acct. #: _____ Fax #: _____
- Name: _____ Acct. #: _____ Fax #: _____

FINANCIAL REFERENCE

Financial Institution Name: _____

Address: _____
Street City State Zip Code

Phone #: _____ Fax #: _____ Loan Officer's Name: _____

Name listed on this account: _____ Account #: _____

Does a bank, insurance company or other creditor hold a security interest in your accounts receivable and/or inventory for loans advanced?

Yes No If yes, please state names of security interest holders: _____

The company hereby authorizes the above banks to release all information requested. It is understood that all information will be kept confidential.

The credit applicant (hereafter "customer") agrees to and understands the following: Customer understands and agrees that Ellett Brothers is not obligated to make extension of credit. Ellett Brothers reserves the right to change credit terms of any customer. Should a credit availability be granted, all decisions with respect to the extension, continuation, or termination, shall be at the sole discretion of Ellett Brothers. Any waiver of any default or extension of time shall not operate as a waiver of any other default or extension of time. This right shall be a continuing one. Oral statements made by sales people or other representatives are not binding on Ellett Brothers. Customer agrees to immediately notify Ellett Brothers in writing, by certified mail return receipt requested, of any change in ownership, form of business, or address and indemnify Ellett Brothers for any loss incurred as a result of customer's failure to provide said written notice. The undersigned promises to pay Ellett Brothers for all purchases in accordance with stated terms of sale to prevent termination of credit granted. If at any time the undersigned is unable to pay for said purchases when due, we agree to pay and authorize Ellett Brothers to bill our account with late charges computed at 2% per month (24% per annum) or the highest rate allowed by applicable law, on any past due amount. If customer fails to pay any indebtedness to Ellett Brothers when due, Ellett Brothers at its option may declare the entire balance of customer's to Ellett Brothers in default. Upon notice to customer entire balance of indebtedness shall become immediately due and payable. If it becomes necessary for Ellett Brothers to incur collection costs for any amount due under this agreement, we promise to pay additional collections including reasonable attorney fees. The undersigned hereby waives all privacy of credit information rights, laws or regulations including the consumer Credit Protection act of 1968 with all amendments, for the express purpose of obtaining the credit line request in this credit application. A signed, fax copy of this credit application will be considered the original. This contract will be governed by the laws of South Carolina.

I hereby certify that I am authorized to make application for and receive goods on credit for the above-named business and that to the best of my knowledge all information provided in this credit statement is true and accurate and I hereby give my permission to Ellett Brothers to investigate our credit history, bank references, trade references and any information Ellett Brothers deems reasonably necessary to extend credit.

Authorized Signature _____ Title _____ Date _____

Completion of this application does not automatically ensure an authorized account.
AN AUTHORIZED SIGNATURE IS REQUIRED TO COMPLETE THIS APPLICATION