



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

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 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

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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.: _____

