Application for Dealer Account

Submitted to: The House of Muskets
P.O. Box 4640
Pagosa Springs, C.O. 81147

Business Name: _____

Mailing Address: _____

Shipping Address: _____

City & State: _____

Type of Ownership: __ Individual __ Corporation __ Partnership

Principal Owner or Stock Holder: _____

Home Address: _____

Telephone (Day Time): _____ Fax#_____

Is this a full time business? ___ Yes ___ No / Hours? _____

State Resale License #: _____ (Please include Tax License/If applicable; send FFL and /or Explosive License)

Method of Payment: Open Account, ___ Check W/Order, ___
C.O.D. Check, ___ C.O.D. Cash, ___

Please list three wholesale account references. If applying for an open account, list three credit references with name, address, and telephone numbers. (Please no 800's)

Bank References: Name: _____
Address: _____
City & State: _____ Zip Code: _____
Telephone#:_____ Account #:_____

In consideration of granting credit or acceptance of company checks, the above named principal owner of the business personally guarantees payment of all money due including interest and attorney fees should this account become delinquent or for any reason be placed in the hands of legal representation for collection.

Signed_____ Date_____

Social Security Number (Required) _____