

2006 DEALER APPLICATION

INTERNAL USE
BT APPROVED ___
DIA APPROVED ___

I would like to be an authorized dealer of (circle):



Business Information:

Business Name		NAICS / SIC code (primary business trade):	
Owners Name (print)	Date of Birth	# of Full Time Employees	Retail Square Footage
Street (shipping)		Business Phone #	
City, State, Zip		Business Fax	Home #
Business Tax ID #	State Tax ID #	Email Address	
Store Hours	Yrs in Business	Web Address	
Mailing address, if different		Bank Name (Business Banking Account)	
Type of ownership (circle one) Sole Proprietor Partnership Corporation Other _____			

Personal Information:

Please list the following information about the owners, officers, members or partners of your business.

Owner # 1 Name (please print)	Owner # 2 Name (please print)
Home Street Address (no PO Box, please)	Home Street Address (no PO Box, please)
City, State, Zip	City, State, Zip
Social Security Number	Social Security Number

We would like to know a little about you and your shop. Please fill out the information below completely so we can make an informed decision about your request to become a dealer.

Annual Archery sales volume 2005(\$) _____ 2004(\$) _____ 2003(\$) _____ # of certified Bow technicians _____

Do you have... (please circle all applicable) / Indoor Archery Range / (# of lanes) _____ / Outdoor range / Leagues / 3-D Range

What percentage of your annual sales volume are: **High Performance bows** _____% **Mid Range** _____% **Low** _____%

Package Bows _____% **Crossbows** _____% **Traditional** _____%

What bow brands do you currently carry? # of units sold (last calendar year) 1.) _____ # of units _____

2.) _____ # of units 3.) _____ # of units 4.) _____ # of units

Of the brands listed, what is your number one selling bow line? _____ Why? _____

What bow do you personally shoot? _____ Why? _____

In signing this Dealer Application, Applicant agrees to the terms and conditions contained herein and to the terms of the protection policies, if applicable, as stated in the dealer information provided. Standard payment terms are Cash, C.O.D., Check, Money Order, or Bank Card. By signature below, Applicant authorizes Extreme Technologies, Inc., dba BowTech and Diamond Archery, ("Company"), to obtain credit information concerning Applicant. Applicant agrees to pay all indebtedness within the terms stated on each invoice, and to pay service charges on past due amounts at the rate of 1-1/2% per month (18% per annum), or the maximum allowable rate, whichever is less, until paid. Checks dishonored by the bank upon which they are drawn will be subject to a fee of \$25.00 per occurrence.

If Applicant's account is referred to a collection agency or attorney for collection, Applicant agrees to pay all collection costs, including reasonable attorney's fees, costs and disbursements, whether or not an action is filed. If a legal proceeding is commenced to collect amounts owing, Company shall be entitled to recover reasonable attorney's fees, costs and disbursements in such proceeding, or any appeal thereof. If a legal proceeding is brought, venue shall be in the county and state of Company's choice and the laws of Oregon shall govern. In the event of termination of the Dealership, or default by the Dealer with respect to any terms or conditions contained in the Dealer Application, Credit Application, or Dealer Policy Manual, or if Company deems itself insecure regarding its ability to collect the account balance, the entire account balance shall be immediately due and payable.

For value received, including merchandise, services, or other valuable consideration, I hereby unconditionally guaranty at all times, full and prompt payment, upon demand, of any indebtedness which has been incurred under this agreement, I understand this to mean that I will **personally guaranty** payment of all debts and obligations under this agreement.

I certify that I have read and agree with the Terms and Conditions including the Personal Guaranty.

X _____
Signature, on behalf of the business and individually Date

X _____
Signature, on behalf of the business and individually Date