



Gateway Feathers, LLC

1015 West Lorenza Parkway
Douglas, AZ 85607
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feathers@gatewayfeathers.com

APPLICATION FOR DEALERSHIP

Name of Business _____

Shipping Street Address _____

City _____ State _____ Zip Code _____ Date _____

Billing Street Address _____

City _____ State _____ Zip Code _____ Date _____

Business Phone _____ Fax _____ E-Mail _____

Owner's name _____ Cell Phone _____

Type of Ownership: _____ Sole proprietor; _____ Partnership; _____ Corporation; Other; _____

Do you have a listing in the Yellow pages: Y or N Internet: Y or N Address: _____

Number of feathers sold bulk yearly: _____ Dozens of arrows fletched with feathers yearly: _____

What prompted you to apply for a dealership with Gateway Feathers? _____

CREDIT AND PURCHASE INFORMATION

State Sales Tax Number or Federal EIN _____ (Send Copy Please)

Terms Requested: Open Account Net in 30 days _____; Credit Card _____; Wire Transfers _____

List **three trade suppliers** that presently service you on open account, if open account is desired.

Company _____ Fax _____

Address _____

Company _____ Fax _____

Address _____

Company _____ Fax _____

Address _____

Statement:

*In signing this application for credit and subsequently obtaining credit from Gateway Feathers L.L.C., the above named business and owners promise to pay all debts incurred to Gateway Feathers L.L.C.. If Gateway Feathers incurs costs to collect debt for the applicant company, the applicant owner will be held personally liable if the applicant company cannot or will not pay its bills to Gateway Feathers. For value received, including merchandise, services or other valuable consideration, I hereby unconditionally guarantee 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 guarantee payment of all debts and obligations under this agreement.***

I have read and understand the above statement.

Name: (print) _____ Name: (signature) _____ Date: _____