

**PLEASE TYPE OR PRINT ALL INFORMATION**



Submit completed application to [wholesale@schaeferoutfitter.com](mailto:wholesale@schaeferoutfitter.com).

Legal Name: \_\_\_\_\_ Referred By: \_\_\_\_\_

List all DBAs (if any): \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Shipper Account: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Buyer Name: \_\_\_\_\_ Email: \_\_\_\_\_

**BUSINESS INFORMATION**

Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Years at Current Location: \_\_\_\_\_ Number of Locations: \_\_\_\_\_

Name of Parent Corporation: \_\_\_\_\_

**Sales Channels (Check all that apply):**

Independent Retailer  Distributor  Regional/National Retailer  Export/Int'l  Gov't/School   
Online/Ecomm  Outdoor/Sporting Goods  Other

Website(s): \_\_\_\_\_

Amazon Seller Name(s): \_\_\_\_\_ Ebay Seller Name(s): \_\_\_\_\_

Walmart Seller Name(s): \_\_\_\_\_ Other (Please Describe): \_\_\_\_\_

Please list full names of all officers or Partners:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Is PO number required for payment? Yes  No

A/P Phone: \_\_\_\_\_ Extension # \_\_\_\_\_ Email: \_\_\_\_\_

Do you intend to resell our products? Yes  No

Who do you sell to? (Check all that apply): End Users  Other Resellers

Where do you intend to resell products? \_\_\_\_\_

Are you required to charge your customers sales tax? Yes  No

**TERMS OF SALE**   
Credit card

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on card: \_\_\_\_\_ Zip: \_\_\_\_\_

1605 W. 6th Street, Austin, TX 78703

[wholesale@schaeferoutfitter.com](mailto:wholesale@schaeferoutfitter.com)

[www.schaeferoutfitter.com](http://www.schaeferoutfitter.com)

**TERMS OF SALE**

Credit Terms (attach financial statement)



**TRADE CREDIT REFERENCES**

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

**BANK REFERENCES**

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Invoicing:** Each order will be billed to you immediately after shipment. Discrepancies must be reported within 10 days of receipt of goods.

**Payments:** Please indicate invoice number on your check and send to the remit-to address shown on our invoice.

**Credit:** Our credit department is willing to work with you if problems arise. Communicating with them will avoid misunderstandings which could impair your credit rating.

**Certification and Authorization to Release Information:**

I hereby certify that the information given in this credit application is correct. This information will be used to determine the amount and conditions of credit terms to be extended. I understand that Schaefer Ventures, LLC may also use other sources of credit information which it considers to be reliable in making this determination.

I hereby authorize the bank and supplier references listed above to release information necessary to assist Schaefer Ventures, LLC in reviewing this credit application and my current status from time to time.

I understand that Schaefer Ventures, LLC may change or revoke any credit terms granted at any time, at its sole discretion, and that Schaefer Ventures, LLC may require updated financial information in the future to support continued availability of credit terms.

**Please allow at least 1 week for reference responses. If an order is urgently needed, please ask your salesperson about credit card billing or prepay ACH transfers while your application is being processed.**

**Company Name:** \_\_\_\_\_

I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my credit application and information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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## UNIFORM SALES & USE TAX RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales/use tax, subject to the instructions and notes on pages 2–6. The issuing Buyer and the recipient Seller have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time. This form was revised as of December 9, 2020.

Issued to Seller: \_\_\_\_\_

Address: 1605 W. 6th Street, Austin, TX 78703

I certify that:  
 Name of Firm (Buyer): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

is engaged or is registered as a  
 Wholesaler  
 Retailer  
 Manufacturer  
 Seller  
 Lessor (see notes on pages 2–4)  
 Other (Specify) \_\_\_\_\_

and is registered for sales/use tax with the below-listed states and cities within which Seller would deliver purchases to Buyer and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. Buyer is in the business of wholesaling, retailing, manufacturing, leasing (renting), or selling the following:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the Seller: \_\_\_\_\_

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL <sup>1</sup>		NE	
AR		NV <sup>19</sup>	
AZ <sup>2</sup>		NJ	
CA <sup>3</sup>		NM <sup>4,20</sup>	
CO <sup>4,5</sup>		NC <sup>21</sup>	
CT <sup>6</sup>		ND	
FL <sup>7</sup>		OH <sup>22</sup>	
GA <sup>8</sup>		OK <sup>23</sup>	
HI <sup>4,9</sup>		PA <sup>24</sup>	
ID <sup>10</sup>		RI <sup>25</sup>	
IL <sup>4,11</sup>		SC	
IA		SD <sup>26</sup>	
KS <sup>12</sup>		TN <sup>27</sup>	
KY <sup>13</sup>		TX <sup>28</sup>	
ME <sup>14</sup>		UT	
MD <sup>15</sup>		VT <sup>29</sup>	
MI <sup>16</sup>		WA <sup>30</sup>	
MN <sup>17</sup>		WI <sup>31</sup>	
MO <sup>18</sup>			

I further certify that if any property or service so purchased tax-free is used or consumed by Buyer so as to make it subject to sales/use tax, Buyer will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that Buyer may hereafter give to Seller, unless otherwise specified, and shall be valid until canceled by Buyer in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_  
 (Owner, Partner, or Corporate Officer, or other authorized signer of Buyer)

Title: \_\_\_\_\_  
 Date: \_\_\_\_\_