

**Rose City Archery, Inc.**  
**DBA Rose City Cedar Products**  
 HWY 42, QUIET VALLEY LANE  
 P O BOX 5  
 MYRTLE POINT, OR 97458  
 PHONE 541 572 6408  
 FAX 541 572 8906

**DISTRIBUTOR/ DEALER APPLICATION AND AGREEMENT**

<b>BUSINESS INFORMATION</b>					
<b>NAME:</b>					
<b>SUBSIDIARY/DIVISION OF:</b>					
<b>ADDRESS:</b>					
<b>SHIPPING ADDRESS:</b>					
<b>CITY, STATE, ZIP</b>					
<b>PHONE:</b>			<b>FAX:</b>		
<b>SALES CONTACT:</b>			<b>BUSINESS CONTACT:</b>		
<b>EMAIL:</b>			<b>WEBSITE:</b>		
LEGAL STATUS					
PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/>					
Date of Business/ Registration of Partnership/ Incorporation and State: _____					
<b>If yes, Registration #</b> _____					
Country or Region requires a RESALE CERTIFICATE?    YES <input type="checkbox"/> NO <input type="checkbox"/>					
PLEASE ENCLOSE A COPY			LICENSE NUMBER _____		
<b>OWNERS AND OFFICERS</b>					
<b>NAME AND HOME ADDRESS</b>		<b>TITLE</b>		<b>PHONE</b>	
<b>FINANCIAL DATA</b>					
<b>Please complete if requesting Credit Terms</b>					
Has the firm or any of its Principals ever been bankrupt?			If yes, please explain...		
<b>BANK REFERENCES</b>					
<b>BANK NAME &amp; ADDRESS</b>		<b>TYPE OF ACCT</b>	<b>ACCT #</b>	<b>CONTACT</b>	<b>PHONE</b>
<b>TRADE REFERENCES</b>					
<b>BUSINESS NAME AND ADDRESS</b>				<b>PHONE</b>	
<b>NUMBER OF EMPLOYEES</b>		<b>EST ANNUAL SALES</b>		<b>SALES AREA</b>	

I/We acknowledge receiving a copy of this application and declare my/our willingness to abide by Rose City Archery, Inc. terms of payment. It is agreed that I/we will pay a late fee of 1.5% per month of the total amount past due, this is an Annual Percentage Rate of 18%. Should default in payment occur, I/my company will pay all reasonable collection costs, attorney fees, and court expenses. If a lawsuit is instated due to nonpayment, it is understood that Rose City Archery, Inc. will be recognized as having venue and jurisdiction.

In consideration of Rose City Archery, Inc. extending credit to my/our company I/we, as an officer, do personally guarantee and indemnify Rose City Archery, Inc. against loss or indebtedness from my/our company. This guaranty shall be a continuing and irrevocable guaranty that shall be binding upon my/our legal representatives and me, and notice of default is waived.

Information provided on this form is given for the purpose of obtaining credit, and is warranted to be true. Rose City Archery, Inc. is authorized to contact the references on this application and verify my/our credit/financial history and experiences.

Signed \_\_\_\_\_ SSN# \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ SSN# \_\_\_\_\_ Date \_\_\_\_\_

Please sign and return this application, including your social security number to the above address as soon as possible. Please also be sure to enclose a current photocopy of your business/license/resale certificate. Thank you.