



APPLICATION FOR BUSINESS ACCOUNT

SR #:	_____
SR Name:	_____

THE CREDIT DEPARTMENT WILL NOT PROCESS INCOMPLETE APPLICATIONS OR APPLICATIONS THAT ARE NOT SIGNED BY AN AUTHORIZED SIGNER FOR THE APPLICANT AND IF THERE IS NO RESALE NUMBER. PLEASE FILL IN COMPLETELY AND LEGIBLY.

INTERNAL INFORMATION: CHANNEL: BGI REPORTING GROUP: D CUSTOMER TYPE: _____

Check which product(s) you will be purchasing:

Fishing: _____ Saltwater _____ Freshwater _____ Ice Marine/Kayak _____ Mossy Oak Hunting Accessories _____

PRIMARY CONTACT INFORMATION

Applicant's Name:		Title:	
Company Name:		Company Website:	
Contact Phone:	Fax:	E-mail:	
Registered Company Address:			
City:	State:	Zip Code:	
Date Business Commenced:		Type of Account Requested: Open Acct _____ Credit Card _____	
Sole Proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary Business Address:			
City:	State:	Zip Code:	
How long at current address:	Phone:	Fax:	
Bank Name:			
Bank Address:		Phone:	
City:	State:	Zip Code:	
Type of acct: (Check all that apply)	Account number: (List Information Below)		
Savings			
Checking			
Other			

TRADE REFERENCES (FOR OPEN ACCT ONLY-NEED TO LIST THREE)

Company Name:		Contact Person:	
Address:			
City:	State:	Zip Code:	
How long doing business: _____	Phone:	E-mail:	
Terms: _____	Fax:		
Company name:		Contact Person:	
Address:			
City:	State:	Zip Code:	
How long doing business: _____	Phone:	E-mail:	
Terms: _____	Fax:		
Company Name:		Contact Person:	
Address:			
City:	State:	Zip Code:	
How long doing business: _____	Phone:	E-mail:	
Terms: _____	Fax:		

AGREEMENT

The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. My company and I authorize you to make a credit investigation as you see fit, including contacting the above trade and bank references and also obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose all information concerning the financial and credit history of my company and myself.

In the event applicant's account becomes past due and Big Game International initiates collection procedures, the undersigned agrees that said collection procedures will be conducted under the laws of the State of Illinois.

Big Game International open account terms are net 30 days. Applicant agrees to pay any collection costs incurred to collect the account balance, including reasonable attorney's fees in the event the account becomes past due. Past due accounts are charged 18% per annum from the due date. All returned checks are charged a \$50.00 fee. All accounts that are inactive for 12 months or purchase less than \$1000.00 within the previous 12 months will automatically be placed on Credit Card, Money or Cashiers Check(in advance) and required to complete a new Dealer/Credit Application.

If applicant is not a corporation, I authorize Big Game International to pull a copy of my personal credit report via TransUnion Credit Services. My personal information is listed below.

I have read the terms and conditions stated above and by my signature below agree to all of them.

**SIGNATURES
COMPANY OFFICERS AND/OR AUTHORIZED PARTIES**

Signature:

Title:

Date:

Signature:

Title:

Date:

**PERSONAL SIGNATURES/GUARANTY
AUTHORIZATION TO OBTAIN CREDIT REPORT**

BUSINESS OWNER'S NAME:

HOME ADDRESS:

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

SIGNATURE:

DATE:

Please check what type of account you are:

Dealer/Retailer

Internet Sales

Mass Merchant

Distributor

PLEASE SUBMIT VIA MAIL, FAX OR EMAIL:

**BIG GAME INTERNATIONAL – 1910 Techny Rd - NORTHBROOK IL 60065
CUSTOMER SERVICE: 1-800-622-9662 FAX 847-715-1411**

info@BigGameIntl.com

Big Game International – 1910 Techny Rd – Northbrook, IL 60065

Dear Customer,

Big Game International is required by law to collect applicable sales and use taxes unless a valid exemption certificate is on file with Big Game International. If you are purchasing goods for resale or any other exempt purpose please fax or mail a copy of the Resale or Exemption Certificate. Your cooperation on this very important matter is appreciated.

Resale or Exemption Certificate

Purchaser hereby certifies to the above seller that:

Purchaser holds a valid permit # _____ issued under the Limited Sales Excise and Use Tax Act of _____(insert state) which permit has not been revoked or suspended.

1. That unless and until this notice and certification is revoked by us in writing, the tangible personal property on each unshipped order heretofore given you and on each order hereinafter given you.

_____Resale

_____Other reason for exemption:

2. The general character of the tangible personal property sold by purchaser in the regular course of business is:

Please describe_____

3. The undersigned purchaser further certifies that he/she will assume liability for the payment of any tax that may be due under the above described limited sales excise and use tax act, if this transaction is not exempt from such tax.

Purchaser-Company Name: _____

Address: _____

By- Printed Name: _____

Official Title: _____

SIGNATURE (Required) _____

Printed or typed name not accepted

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