



APPLICATION FOR CREDIT CARD 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 ___ Hunting ___ Marine ___ Camping ___ Fitness ___

PRIMARY CONTACT INFORMATION

Applicant's Name: _____ **Title:** _____

Company Name: _____

Contact Phone: _____ **Fax:** _____ **E-mail:** _____

Registered Company Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Date Business Commenced: _____

Sole Proprietorship: _____ **Partnership:** _____ **Corporation:** _____ **Other:** _____

BUSINESS 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 account: _____ **Account number: (List Acct Number Below – Include Expiration Date and CCV number)** _____

Visa _____

MasterCard _____

PLEASE CHECK WHAT TYPE OF ACCOUNT YOU ARE:

Dealer/Retailer **Internet Sales** **Mass Merchant** **Distributor**

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permit # _____ issued under the Limited Sales Excise and Use Tax Act of _____ (insert state) which permit has not been revoked or suspended.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

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) _____

PLEASE SUBMIT VIA MAIL, FAX OR EMAIL:

BIG GAME INTERNATIONAL - 1950 STANLEY ST - NORTHBROOK IL 60065

CUSTOMER SERVICE: 1-800-622-9662 FAX 847-715-1411

info@BigGameIntl.com