

**RB Sporting Goods** - Wisconsin and Upper Peninsula Distributor for:

# Superior Fiberglass

8209 Zachary, Amarillo, TX 79119 – 806-674-0023 – fax: 806-372-4054

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Thank you for your interest in becoming a Superior Fiberglass product dealer. We feel that we have designed products that hunters can enjoy using at an affordable price with years of continued use.

Enclosed you will find an application for credit along with our product/pricelist. Please complete the application for credit and return it to us via U.S. Postal service or fax.

Advertising and promoting our products are done through magazines, websites and attending hunting shows. As a new dealer we will help you by advertising your name and location on our website as well as referring all calls in your area to you. **WE DO NOT SELL OUT OF THE MANUFACTURING PLANT!** We sell through our dealers only. We will also assist you with any shows you would like to attend or promotions that you may be attending. Also, as a dealer we would like to let you know that we do not give pricing out on any of our products over the phone, by email or mail. All inquiring on hunting product prices will be given to the nearest dealer contacts only. A flyer with ALL dealer locations will be mailed out at inquiries request, but no price list. We do furnish a Retail Price List for all dealers.

Once again, we appreciate your interest in becoming a Superior Fiberglass product dealer and we look forward to doing business with you.

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## AUTHORIZED CHECK SIGNATURES

FOR YOUR SAFETY AND OURS WE ARE REQUESTING THAT ALL AUTHORIZED PERSONNEL SIGNING CHECKS COMPLETE THE FOLLOWING INFORMATION BELOW. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

\_\_\_\_\_  
NAME: PLEASE PRINT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DRIVERS LICENSE NUMBER

\_\_\_\_\_  
BIRTH DATE

\_\_\_\_\_  
NAME: PLEASE PRINT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DRIVERS LICENSE NUMBER

\_\_\_\_\_  
BIRTH DATE

\_\_\_\_\_  
NAME: PLEASE PRINT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DRIVERS LICENSE NUMBER

\_\_\_\_\_  
BIRTH DATE

THANK YOU FOR YOUR ASSISTANCE. PLEASE MAKE ADDITIONAL COPIES IF NEEDED.

CREDIT REFERENCE (Give only names of those you purchase from on open accounts.)

1. Name: \_\_\_\_\_ ATTN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_ ATTN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_ ATTN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Name: \_\_\_\_\_ ATTN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**TERMS AND CONDITIONS:**

Applicant understands and agrees that all invoices that are past due will bear interest at the rate of 18% per annum. (1.5% per month, interest rates are subject to change without notice.)

All payments with continued past due accounts will be COD only on all future deliveries.

In the event suit to enforce payment becomes necessary, such suit may be brought in Milwaukee County, Wisconsin at sellers option and seller will be entitled to recover all collection costs, attorneys fees and interest at 18% annual percentage rate, on all amounts found to be due and payable.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature (must be signed by an officer)

X \_\_\_\_\_  
Typed or printed name

X \_\_\_\_\_  
Title

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## CREDIT APPLICATION

Firm Name: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Parent Company (if subsidiary): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ email address: \_\_\_\_\_

Incorporated: \_\_\_\_\_ If so, what State: \_\_\_\_\_

Terms Requested: \_\_\_\_\_ COD \_\_\_\_\_ Net 30 \_\_\_\_\_ Net 15 \_\_\_\_\_ Net 10 \_\_\_\_\_ Other

### OFFICERS/PARTNERS

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

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

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

Will your purchase be: Taxable \_\_\_\_\_ Resale \_\_\_\_\_ Exempt \_\_\_\_\_

(Please attach a resale or exempt certificate that has been included in your dealer application package. This is a state requirement. Sales tax will be charged until receipt of resale/exempt certificate has been received.)

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Checking Account#: \_\_\_\_\_ Savings Account#: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

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TO WHOM IT MAY CONCERN:

THE UNDERSIGNED HEREBY AUTHORIZES THE RELEASE OF ALL CREDIT INFORMATION REQUESTED BY RB HOCKY AMARILLO DBA RB SPORTING GOODS. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

NAME OF COMPANY: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINTED NAME SIGNED: \_\_\_\_\_

TITLE (IF ANY): \_\_\_\_\_

DATE: \_\_\_\_\_

(A FAX OR COPY OF SIGNATURE SHALL BE DEEMED TO BE AN ORIGINAL)