

DEALER CREDIT APPLICATION

BUSINESS NAME _____

NUMBER OF STORE LOCATIONS _____

STORE NAME _____

AVERAGE SQUARE FOOTAGE _____

BILLING ADDRESS _____

NUMBER OF SALESPEOPLE _____

SHIPPING ADDRESS _____

CHECK ACTIVITIES OR
SPORTS WHICH YOUR
STORE SPECIALIZES IN:

- BACKPACKING MOUNTAINEERING
 CLIMBING NORDIC SKIING
 CANOEING ALPINE SKIING
 BICYCLING TELEMAR SKIING
 CAMPING SNOWBOARDING
 KAYAKING HUNTING/FISHING

BUYERS NAME _____

PLEASE CHECK ONE:

PHONE # _____

- CORPORATION PARTNERSHIP PROPRIETORSHIP

FAX # _____

IF INCORPORATED: STATE OF INCORPORATION _____

A/P CONTACT _____

DATE OF INCORPORATION _____

PHONE # _____

WOULD PREFER TO SET UP ACCOUNT AS: C.O.D. OPEN ACCOUNT

CREDIT REFERENCES

BANK NAME _____ PHONE # _____

ADDRESS _____

TRADE SUPPLIERS

	NAME	ADDRESS	PHONE#
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I/WE AUTHORIZE THE LISTED CREDIT REFERENCES TO RELEASE INFORMATION TO GRANITEGEAR INC. REGARDING MY /OUR CREDIT AND FINANCIAL POSITION. I/WE DO HEREBY AGREE TO COMPLY WITH CREDIT TERMS AS SET FORTH BY GRANITE GEAR. I/WE AGREE TO PAY COSTS OF COLLECTING PAST DUE AMOUNTS INCLUDING, BUT NOT LIMITED TO FINANCE CHARGES, ATTORNEY FEES, COLLECTION FEES AND COURT COSTS.

PERSON COMPLETING APPLICATION/TITLE _____

SIGNATURE/DATE _____



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