

**MONTANA FIREARMS GROUP**  
**DBA MONTANA RIFLE COMPANY**  
**DEALER APPLICATION**

**A. Applicant**

Legal Business Name: \_\_\_\_\_  
 (List all Trade names, DBA's, Divisions or Subsidiaries)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Ship to Address: \_\_\_\_\_

Estimated Annual Sales: \_\_\_\_\_ Person to contact: \_\_\_\_\_

Amount of Credit Requested: \$ \_\_\_\_\_ Type of Business \_\_\_\_\_ How Long in Business \_\_\_\_\_

**B. Business Information**

Sole Proprietorship Owner \_\_\_\_\_ SS# \_\_\_\_\_

Partnership Partner \_\_\_\_\_ SS# \_\_\_\_\_

Partner \_\_\_\_\_ SS# \_\_\_\_\_

Corporation/LLC President \_\_\_\_\_ SS# \_\_\_\_\_

Vice President \_\_\_\_\_ SS# \_\_\_\_\_

Secretary \_\_\_\_\_ SS# \_\_\_\_\_

Treasurer \_\_\_\_\_ SS# \_\_\_\_\_

Federal Tax No. (If applicable) \_\_\_\_\_

Sales Tax Exemption Certificate  Yes  No (If yes enclose signed certificate or copy)

**C. Banking Information**

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Officer Contact \_\_\_\_\_ Acct. No. \_\_\_\_\_ Type of Acct. \_\_\_\_\_

Acct. No. \_\_\_\_\_ Type of Acct. \_\_\_\_\_

I hereby authorize bank named above to release information required for the purpose of obtaining and/or reviewing credit history.

**D. Trade Reference**

Name	Contact	Address	Phone #
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

The preceding information is for the purpose of obtaining credit and/or trade references are warranted to be true. I/we hereby authorize **Montana Firearms Group dba Montana Rifle Company** to investigate all trade references and customary credit information sources including consumer credit reporting repositories regarding our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship and doing business with **Montana Firearms Group**.

CREDIT POLICY: Statements are rendered as of 11 days past due. C.O.D. or pre-payment restrictions may be placed on any past due account.

CREDIT TERMS: All invoices are due and payable within 10 days upon receipt. A service charge of one and one half percent (1 1/2 % per month), or (18% per annum) may be assessed on delinquent invoices.

VENUE: All amounts due for purchase from \_\_\_\_\_ are payable to **Montana Firearms Group** at 3178 MT Hwy 35, Kalispell MT 59901. It is further agreed that this agreement is entered into in the state of **MT** and is governed by the laws of the state of **MT**.

CHANGE OF OWNERSHIP: I/We understand that we must re-apply for Credit of any change in ownership, the name of the business or structure of the business under which credit is established.

In the event of default, and if this account is turned over to an agency and/or attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection whether or not suit is filed.

I/We certify that this request is for the extension of credit for business purposes.

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS:

Firm Name \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

**The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.**

\_\_\_\_\_

Print Name

Sign Name

Date

FOR OFFICE USE ONLY

Credit Awarded in the Amount of: \_\_\_\_\_

Terms Approved (i.e. Net 10): \_\_\_\_\_

Approved By: \_\_\_\_\_

Credit Denied:

Reason: \_\_\_\_\_

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