

REMINGTON ARMS COMPANY, INC.

Accounts Receivable/Parts
P.O. Box 700, 870 Remington Drive
Madison, NC 27025
800-243-9700

Parts and Repair Credit Application

Please complete this form with all information requested so that it can be processed without delays.

Official Company Name:	
Street Address or P.O. Box:	
City, State, Zip and Country:	
Main Contact and Position/Title:	
Telephone:	Fax:
E-mail address:	Trade Style:

Please provide your estimated parts and repair sales volume:

Total Company	Remington Portion
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Credit/Financial Information

****Note: For this application to be complete, the following must be attached****
Account cannot be set up without the following information

1. The Most Recent 3 Years Financial Statements
2. A Certified, Signed Copy of the Federal Firearms License
3. A State Tax Exemption Certificate (required for tax exempt purchases only)

Primary Bank References

Name:			
Address:			
City:	State:	Country:	Zip:
Telephone: ()		Fax: ()	
Contact Officer Name:			

Trade References: Names of 3 Current Suppliers Who Extend You Credit

1. Name:			
Address:			
City:	State:	Country:	Zip:
Telephone: ()		Fax: ()	
2. Name:			
Address:			
City:	State:	Country:	Zip:
Telephone: ()		Fax: ()	
3. Name:			
Address:			
City:	State:	Country:	Zip:
Telephone: ()		Fax: ()	

We understand that should legal action be needed to collect all or any part of the account that we, the Purchaser, will be responsible for and agree to pay all costs of collection including court costs and reasonable attorney fees.

Applicant Signature:	Seal
Printed Name:	Title

Please mail the following to the address listed above:

- | | | |
|--------------------------------|---|------------------------------|
| 1. Completed Application | 3. Tax Exempt Certificate (optional) | 5. FFL |
| 2. 3 Year Financial Statements | 4. Initial Order for \$1000.00 (retail value) | *(Original signed copy only) |