



ARRO Membership Application

Business Name _____

Mailing Address _____

Shipping Address _____

Business Phone () _____ FAX() _____ Home Phone () _____

Email _____ Webpage _____

Owner(s) Name _____ Manager _____

Home Address _____

Type of Ownership: Corporation S. Corp Partnership Sole Proprietor

Federal Employers ID # _____ - _____ Social Security # _____ - _____ - _____

Length of Ownership (years) _____ Number of Stores _____ Sales Tax # _____

How long has the owner been in sporting goods retailing? _____

How long has the store manager been in sporting goods retailing? _____

Does the owner or the owner's immediate family members own or operate any other Archery-related business? _____

How long has the store been at the above business address? _____

Previous address of business _____

Previous owner if bought within the past three years _____

If the business address is the same as the owner's home address, is the business located in a separate building with a store front? _____

Is the property zoned commercial? _____ Do you own rent lease your building?

Annual sales of total business \$ _____ Annual sales of Archery department \$ _____

Of the total sales of the business, how much is from the following categories by percentage:

Store Front Retail Sales _____% Wholesale _____% Mail Order _____% Internet _____%

If the business is other than an Archery-only shop, what percent of your business is over the counter retail archery? _____%

What other sporting goods do you handle, and at what percentage?

1) _____ % 2) _____ % 3) _____ %

Are you a distributor of Archery Goods? _____ What percentage of your business? _____%

How many employees does the above business have? _____

Store hours: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Do you have any archery lanes in your shop? _____ How many positions? _____

Total floor space of building _____ square feet. Total floor space dedicated to Archery _____ square feet.

Population of area within 30 mile radius of store _____

Do you belong to any other buying groups? If so, please list _____

Signature of Owner _____

Signature of Manager _____

CREDIT REFERENCES (include address and account numbers)

1) _____ Acct # _____

2) _____ Acct # _____

3) _____ Acct # _____

4) _____ Acct # _____

Landlord name _____
Address _____ Phone _____

Bank Reference _____ Contact _____
_____ Acct # (ckg) (svgs)

of installment loans outstanding _____ # of notes outstanding _____

Do you belong to any other buying groups? If so, which _____
Acct # _____

REQUIREMENTS FOR APPLYING FOR MEMBERSHIP

- (1) Financial statements for your business for the past three years prepared by an accountant or accounting firm.
- (2) Personal financial statement of owner must accompany above financial information.
- (3) Brief history of management and history of stores(s).
- (4) Pictures of inside and outside of store(s).
- (5) Four credit references and Bank reference.

The above information is reviewed by the Board of Directors of the association. They will vote on the application as quickly as possible after a credit check is completed.

HISTORY OF MANAGEMENT AND STORE: _____

A.R.R.O.
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