

ARRO Membership Application

Application Date: _____ Business Name: _____

Mailing Address: _____

Shipping Address: _____

Business Phone: _____ Fax: _____ Cell Phone: _____

Email: _____ Webpage: _____

Owner(s) Name: _____ Manager: _____

Owners Home Address: _____ City _____ State: _____ Zip: _____

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?

Type of Ownership: ___Corporation ___S-Corp. ___Partnership ___Sole Proprietor

Federal Employers ID # _____ Social Security #: _____

Sales Tax #: _____

Length of Ownership (years): _____ Number of Stores: _____ Number of Employees _____

If bought within three year, previous owner: _____

How long has owner been in sporting goods retailing? _____ How long for Manager? _____

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

If Yes, then what? _____

Number of years at present address? _____ Previous Address: _____

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 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 (sell wholesale) of Archery Goods? _____ What percentage of your business? _____%

Store Hours: Sun _____ Mon _____ Tues _____ Wed _____ Thur _____ 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 _____

HISTORY OF MANAGEMENT AND STORE: _____

ADDITIONAL REQUIREMENTS FOR APPLYING FOR MEMBERSHIP

1. Financial statements for your business for the past three years prepared by an accountant or accounting firm.
 - Corporation: - 3 years of 1120 Fed form
 - S-Corp: - 3 years 1120S Fed form
 - Partnerships: - 3 years of 1065 Fed form
 - Sole Proprietor: - 3 years of Schedule C
2. Personal financial statement of owner must accompany above financial information.
3. Pictures of inside and outside of stores(s).
4. ARRO Purchase Terms Agreement

The 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.

REFERENCES

Landlord Name (if applicable) _____ Email: _____

Address: _____ Phone: _____

Bank Name _____ Contact _____

Email _____ Checking YES / NO Savings YES / NO

of installment loans outstanding _____ # of notes outstanding _____

CREDIT REFERENCES (include email address and account numbers) – Minimum 5 Required

Business Name: _____

1. _____ Acct # _____
_____ Email: _____
2. _____ Acct # _____
_____ Email: _____
3. _____ Acct # _____
_____ Email: _____
4. _____ Acct # _____
_____ Email: _____
5. _____ Acct # _____
_____ Email: _____
6. _____ Acct # _____
_____ Email: _____
7. _____ Acct # _____
_____ Email: _____
8. _____ Acct # _____
_____ Email: _____
9. _____ Acct # _____
_____ Email: _____
10. _____ Acct # _____
_____ Email: _____

By signing below, you give ARRO permission to contact the above references for credit worthiness as it relates to this application for membership only.

Date: _____

Printed Owner Name: _____

Signature of Owner: _____



Archery Range and Retailers Organization

Accounts Receivable
PO Box 337, Plattsmouth, NE 68048
Phone: 800-234-7499 Fax: 402-298-4518
Email: Deb@archeryretailers.com
Website: <https://archeryretailers.com>

Accounts Payable
608-835-9060

A.R.R.O. Purchase Terms Agreement

Business Name: _____ Phone: _____

Street Address: _____ Fax: _____

Mailing Address: _____ Email: _____

City, State, Zip Code: _____

Person in charge of Accounts Payable: _____ Email: _____

Above Business is a: (Circle One) Sole Proprietorship Partnership S-Corp in State of _____ Incorporated in the State of _____
Federal ID #: _____ Or Social Security #: _____ - _____ - _____ State Sales Tax #: _____

Names and Home Addresses of Owner and/or Corporate Officers:

Name	Title	Home Address (No PO Box)	Cell phone

Parties Hereby Agree That All Purchases Made are Subject to Following Terms and Conditions:

1. Terms of payment are cash Net 30 days unless specified otherwise on invoice. Purchaser agrees to pay a late fee on delinquent balances at the rate of 1.5% per month which is an annual percentage rate of 18% to be assessed each month on every past due balance. The purchaser agrees to make payments in accordance with these terms.
2. Purchaser hereby gives a security interest to seller in all products purchased from the seller (now owned or hereafter acquired) to secure payment of any account balance owed.
3. Purchaser always agrees to abide by the BY-LAWS of A.R.R.O. .

I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE FOREGOING INFORMATION IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Name (Print)	Signature	Title

PERSONAL GUARANTY

To induce A.R.R.O. to approve this credit application and purchase terms agreement and in consideration of its so doing, the undersigned guarantor do/does hereby jointly, severally and personally guaranty payment to A.R.R.O. or its successor and the performance of all the terms of purchase including costs of collection and reasonable attorney fees, by applicant (Purchaser). A.R.R.O. may enforce this agreement against the undersigned or any of them jointly or severally whether or not action is ever taken by it against the above applicant (Purchaser) or its successor. This is a continuing guaranty and shall remain in full force and effect until A.R.R.O. receives written notice of the guarantor's revocation signed by guarantor. Guarantor shall remain liable for all credit previously granted plus interest and collection costs and reasonable attorney fees until paid in full whether such obligation is direct or indirect, absolute or contingent, then due or thereafter to become due.

Name (Print)	Signature	Social Security No.

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