



Kinsey's Inc. Dealer Requirements

Thank you for your interest in our company! It is our intent to service only legitimate retailers. Our guidelines, listed below, help us to serve you appropriately and maintain the integrity of our program.

To apply for a Kinsey's dealership, ***PLEASE SUBMIT ALL OF THE FOLLOWING INFORMATION TO CONTACT@KINSEYSINC.COM:***

- Dealership Application:** Applicants need to submit a completed application that is signed and dated by the owner of the retail establishment or the person responsible for all business transactions. The application can be obtained from our website at KinseysInc.com, PapesInc.com or by contacting a sales representative: Mount Joy, 800-366-4269 | Louisville, 800-727-3462.
- General Business Information:** This includes submitting a physical copy of your state sales tax number. In the event that your state does not require the collection of sales tax, a physical copy of your business license will suffice. If you are a current vendor doing business with Kinsey's, a copy of your EIN number will be sufficient. *Pennsylvania businesses must complete and submit the Pennsylvania Exemption Certificate.*
- Store Signage:** Retailers are expected to display adequate identification signage which is visible from the exterior of storefront.
- Posted Store Hours:** Retailers are expected to maintain at least 20 hours per week in order to provide appropriate customer access and adequate customer service. Business hours of operation must be posted on building exterior and stated on phone system.
- Inventory Levels:** Retailers must maintain adequate inventory levels at all times to ensure on-site presence of products to meet customer demand and to optimize sales opportunities. We urge our dealers to maintain pricing markups consistent with normal, profitable retail business practices, while also conducting business in compliance with local ordinances and zoning laws. Retailers are also expected to honor MAP pricing policies as these are monitored. If reported for non-compliance from a manufacturer, you will no longer be able to purchase said manufacturer's products.
- Photographs of Business:** Retailers are expected to provide digital photographs of both exterior and interior of their store, as well as proper signage, posted hours, stocked inventory levels, bow repair area, shooting range (if available) and check-out area.
** Please send photos as a separate message — do not put in same email as application form.*
- Tax Licenses:** Retailers must have valid business and sales tax licenses and submit copies of each with this application.

It is necessary that all of this information be supplied so we can make a fully informed decision concerning your dealership eligibility. You will be notified of our decision by phone or email.

Please Note: Change in Ownership or Location. The opportunity to do business with Kinsey's does not automatically continue with a change of location and/or ownership. Any such change requires the completion of a NEW Dealership Application for review.



CREDIT DEPT. USE ONLY

Account #: _____

Date: _____

Terms: _____

Credit Limit: _____

International Dealership Application

APPLICATION WILL BE VOID IF COPY OF RESALE TAX PERMIT IS NOT RETURNED WITH APPLICATION

Preferred Location*: Mount Joy, PA Louisville, KY

**Accounts will be set up at both locations so your selection will act as primary shipping location.*

Section I: Business Information

Payment terms requested: Credit Card Open Account ACH

Company Name: _____ Number of Years in Business: _____

DBA or Trade Name (if different from above): _____

Billing Address: _____ Country: _____

Shipping Address: _____ Country: _____

Email: _____ Website: _____ Facebook: Yes No

Business/Tax License #: **Please Provide a Photocopy** Business Phone #: _____

Fax #: _____ Mobile #: _____ Home #: _____

Buyer's Name: _____ PO Required: Yes No

Accounts Payable Contact: _____ Accounts Payable Phone #: _____

Accounts Payable Email: _____

Business Location: Commercial Building Separate Building on Premise Part of Home

Full-time Part-time Business Hours: _____

Total Retail Space (sq. ft.): _____ Average Inventory Dollars: _____ Annual Sales: _____

Section II: Ownership/Partnership Information

Type of Business: Proprietorship Partnership Corporation Other: _____

Principal: _____ Title: _____

Address: _____

I/we hereby certify that the information on this application is true and accurate and any financial information submitted correctly reflects our financial condition. I/we authorize Kinsey's to contact parties indicated for verification purposes. I/we agree to pay all invoices within stated terms (Open Account Terms are Net 30 days from date on invoice) and to pay service charges/late fees on amounts paid after invoice due dates at a rate of 1.5% per month. Any returned checks will incur a return check fee of \$25. If action is instituted to collect any sums owed to Kinsey's, the customer agrees to pay all costs including, without excluding, attorney fees, court costs and collection fees. (Revised 04-19-13)

SIGNATURE _____ DATE _____

Signature and title of person completing the above information. By signing, you agree to receive Kinsey's emails — call 800.366.4269 to opt out.

PERSONAL GUARANTEE

I, the applicant, hereby agree to pay to Kinsey's all indebtedness now, or hereafter, owed by me to said company, whether individually owned, a partnership or a corporation. In consideration of Kinsey's extending credit to me, the applicant, I individually and personally guarantee to Kinsey's the sum or sums of money as may at anytime hereafter become due to Kinsey's from the said applicant for goods sold to the applicant, whether said indebtedness be in the form of notes, bills or open account. If it becomes necessary to enforce the guarantee by suit, I agree to pay all charges, including late charges and ALL of attorney fees as allowed by law.

SIGNATURE(S) OF OWNER(S)

DATE



Direct Payment Authorization Form

We are pleased to offer you a new service – the Direct Payment Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner – even if you're on vacation or out of town.
- Your payment is always on time – it helps maintain good credit.
- It saves postage – many people spend close to \$100 a year on postage.
- It's easy to sign up for, easy to cancel.
- No late charges.

Here's how the Direct Payment Plan works:

You authorize payments to be made from your checking or savings account. Then just sit back and relax. Your payments will be made automatically and proof of payment will appear on your bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

All you need to do is:

- 1) Indicate whether your payment will be deducted from your checking or savings account by marking the box to the left of the account type.
- 2) Fill in your name, financial institution name and location, and today's date.
- 3) Attach a voided check for verification of all financial institution information. If you are unable to attach a voided check, please fill in your bank account number and routing number.

If any electronic payments should be returned by the financial institution as Non-Sufficient Funds (NSF), we will collect a returned check fee of #35 per transaction by an electronic debit.

Note: Be sure to sign the form!

Please complete the information below and submit form to contact@KinseysInc.com.

I authorize _____ to initiate electronic debit entries to my:

(Insert company name)

Checking Account _____

Savings Account _____

for payment of my _____ .

(Type of bill)

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date _____

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION CITY AND STATE _____

SIGNATURE _____



INTERNAL USE ONLY
Dealer #: _____
Dealer Name: _____
Terms: _____
State: _____
Rep: _____

Application Survey

In order for Kinsey's to better serve you, please submit the following information that will help us understand more about your business. Thank you!

Are you interested in becoming an Authorized Under Armour Dealer?

- Yes
- No

Do you carry Traditional Archery equipment?

- Yes
- No

If yes, what brands?

Which Compound Bow Brands do you carry?

- | | |
|------------|-----------|
| APA | Hoyt |
| Bear | Martin |
| BowTech | Mathew's |
| Darton | Obsession |
| Elite | Prime |
| Expedition | PSE |
| Other: | |

- | | |
|--------|--------|
| Bear | Martin |
| Darton | OMP |
| Howett | PSE |
| Hoyt | Samick |
| Other: | |

Do you carry any additional product types?

- Bowfishing
- Fishing
- Guns/Ammo
- Other:

Which Crossbows Brands do you carry?

- | | |
|-----------------|--------------|
| Arrow Precision | Parker |
| Barnett | PSE |
| Bear | Ravin |
| Browning | SA Sports |
| Carbon Express | Southern |
| Darton | Stryker |
| Excalibur | TenPoint |
| Horton | Velocity |
| Killer Instinct | Wicked Ridge |
| Mission | |
| Other: | |

Do you have accounts with any other Distribution partners? If so, please list them.

Would you like information on the Kinsey's Dealer Show?

- Yes
- No