



NEW ACCOUNT / CREDIT APPLICATION

All information must be completed and submitted with original signatures

Full Name of Owner:		SS#	
Full Name of Business:		Years of Ownership:	
Premises Address:		Annual Sales Volume:	\$
City, State, Zip code:		Years at this Location:	
Mailing Address (if different):			
Mailing City, State, Zip code:			
Telephone:		Fax:	
Email / Web Address/ Gunbroker ID:			
FFL Number:		Exp.	Federal ID #
Company Contact Person / Title:	A/P Contact Person:		
Type of Company: (Corporation, Partnership, Sole Proprietorship)		Dun & Bradstreet No.:	

Please fill in all blanks below. Please enclose a copy of current: Business License, FFL License, Resale Permit, and Storefront Picture

BANKING REFERENCE:

Bank Reference Name:		Branch:	
Bank Address:		City/State/Zip:	
Bank Account Number:		Contact Name:	
Bank Phone:		Bank Fax:	

TRADE (MANUFACTURER) REFERENCES:

Company Name:		Contact Name:	
Address:		Email:	
City/State/Zip code:		Phone:	Fax:

Company Name:		Contact Name:	
Address:		Email:	
City/State/Zip code:		Phone:	Fax:

Company Name:		Contact Name:	
Address:		Email:	
City/State/Zip code:		Phone:	Fax:

Note: PURCHASES ARE FOR RESALE, PLEASE ENCLOSE A COMPLETED RESALE CERTIFICATE

SELECT CREDIT REQUESTED: CREDIT APPROVAL PROCESS TAKES UP TO 8 WEEKS. FIRST OPENING ORDER MUST BE PREPAID

<input type="checkbox"/> Prepaid Account	<input type="checkbox"/> Open Account	Requested Credit Limit \$	
Credit Card:	Type:	Number:	Expiration Date:

ORIGINAL SIGNATURE REQUIRED:

The information in this application is true to the best of my knowledge. Zastava Arms USA is hereby authorized to obtain banking and credit information you consider necessary concerning this application. In the event it becomes necessary for Zastava Arms USA to resort to collection processes, the customer shall pay, in addition to the account balance owed, all accrued interest, collection charges, court costs and reasonable attorney fees that are incurred by Zastava Arms USA in said action arising under this agreement. A service charge for non-sufficient checks will be \$50/per incident.

Name of Business:			
Signature:		Signature:	
Name (Print or Type):		Name (Print or Type):	
Title:		Title:	
Date:		Date:	

SEND COMPLETED FORM TO: (All information will be held in the strictest confidence by Zastava Arms USA Accounting Department)

Email: info@zastavaarmsusa.com Fax: (773)437-8466 Mail: Zastava Arms USA 320 Howard Street Des Plaines, IL 60018 USA Phone: (847)250-ZPAP (9727)	For Office Use Only:
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