



**RETURN ORIGINAL COMPLETED APPLICATION TO:**  
 RSR Group, Inc., Credit Dept., 4405 Metric Dr., Winter Park, FL 32792  
[records@rsrgroup.com](mailto:records@rsrgroup.com) Phone: 1-800-311-4867 ext. 6645  
 or 407-677-4323 ext. 6645 Fax: 407-677-4465

## ACCOUNT APPLICATION

Owner/Officer \_\_\_\_\_ Title \_\_\_\_\_ Application Date \_\_\_\_\_

Legal Business Name \_\_\_\_\_ Federal Tax ID or SSN \_\_\_\_\_

(DBA if applicable) \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address (If different) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Website address: \_\_\_\_\_

# of Years in Business \_\_\_\_\_ Owners Since \_\_\_\_\_ Operating Hours \_\_\_\_\_ Years at present location: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Form of Ownership:  Corporation in the State of \_\_\_\_\_  Partnership  Sole Proprietorship  Limited Liability Corp.

Have you (or a company you had ownership in) ever declared bankruptcy? \_\_\_\_\_ If Yes: Year \_\_\_\_\_ Type \_\_\_\_\_

Store Size \_\_\_\_\_ sq ft # Employees \_\_\_\_\_ Annual Sales \$ \_\_\_\_\_ % of sales from firearms: \_\_\_\_\_

## TERMS AND CONDITIONS

The following terms and conditions shall apply to all purchase transactions made by the customer/applicant identified on the account application to which these terms and conditions are attached and made a part (the "Customer"):

- 1. Resale.** Customer is purchasing for re-sale (at retail) purposes only. Customer agrees to obtain and maintain a state resale (sales tax) number and certificate in the state in which Customer conducts its business.
- 2. Compliance with laws.** Customer shall obtain and maintain all necessary federal, state and municipal business licenses and permits for its retail firearms and/or related accessories business. Customer agrees to maintain a thorough knowledge of and to fully comply with all current federal, state and local firearms regulations (FFL customers only).
- 3. Export Restrictions.** Certain firearms (including Barrett, FN, Glock, HK, Ruger, Smith & Wesson, and others) and optical products (including EOTech, Leupold, Trijicon, and others) may not be exported without the express written consent of the manufacturer. Customer agrees that it will not export, directly or indirectly, any export restricted products without first obtaining the written consent of the manufacturer and in full compliance with U.S. government export licensing requirements (i.e., U.S. Department of State ITAR regulations and Department of Commerce BIS regulations). Customer should contact the manufacturer prior to exporting any product to ensure compliance.
- 4. Place of Business.** Customer understands and agrees that, as a condition to the purchase of firearms, its FFL licensed place of business must have a storefront and be open to the public during scheduled business hours for the display and sale of shooting products. Firearm dealers will be required to submit pictures showing their storefront with signage and product display.
- 5. Notification.** Customer agrees to promptly notify RSR Group, Inc. in the event of any revocation of its FFL or any other required business license. Customer agrees to promptly notify RSR Group, Inc. of any changes in the ownership or control of its business or in the form of its business entity (e.g. partnership, corporation, sole proprietorship).
- 6. Payment.** Invoiced payment amounts not paid by the due date shall bear interest and service charges of 1.5% per month. Any returned checks will be subject to a \$25.00 service charge. Any delinquent payments or returned checks may result in the account being changed to cash prepay or COD only.
- 7. Returns.** Customer agrees not to return any merchandise to RSR Group, Inc. without prior authorization, and subject to a 10% re-stocking charge. Any defective merchandise is to be returned directly to the manufacturer in accordance with their warranty and return policies.
- 8. Warranties.** The only warranties applicable to the products sold by RSR Group, Inc. are any express warranties that come from the manufacturer of the products. Customer understands and agrees that RSR Group, Inc. makes no representations or warranties of any kind or nature concerning the products it sells. Customer agrees to waive any and all implied warranties, including merchantability or fitness for a particular purpose.
- 9. Security Interest.** Customer grants to RSR Group, Inc. a purchase money security interest in any products sold to Customer on credit, and a first security lien right in all products purchased from RSR Group, Inc. to secure the payment of all amounts Customer owes RSR Group, Inc.. Customer hereby authorizes RSR Group, Inc. to sign any document required to perfect RSR Group, Inc.'s security interest, including financing statements under the Uniform Commercial Code.
- 10. Collection.** Customer understands and agrees that if credit is extended, all invoices are to be paid by the due date on the invoice. Customer shall be liable for all costs incurred by RSR Group, Inc. in the collection of any delinquent account, including attorney fees.

The undersigned customer hereby certifies that all information supplied on the Customer Account Application is true and correct, and that he/she is at least 21 years of age and has read and fully understands the Terms and Conditions to the account.

Authorized Signature(s) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature of Owner or Corporate Officer Required)

**OWNER(S), OFFICER(S), PARTNER(S)**

1) Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_  
Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_  
2) Name \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_  
Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_

**INDIVIDUAL PERSONAL GUARANTY**

For Good And Valuable Consideration, including the granting of credit terms for the account of \_\_\_\_\_ (the "Credit Account") with RSR Group, Inc. (the "Obligee"), the undersigned (the "Guarantor") unconditionally and irrevocably guarantees to Obligee the full payment when due of any and all moneys owed, debts and liabilities of the obligor under the Credit Account to Obligee (the "Indebtedness"). This Guaranty applies to all Indebtedness regardless of when accrued. Guarantor hereby waives any right to require Obligee to (i) commence collection proceedings against the obligor under the Credit Account or (ii) pursue any other remedy before, or as a condition to, proceeding directly against Guarantor under this Guaranty agreement. Guarantor agrees to reimburse Obligee for any and all costs (including attorney fees) incurred by Obligee in the enforcement or collection of the Indebtedness under the Credit Account or this Guaranty. This Guaranty shall be binding upon Guarantor and his/her heirs and assigns, and inure to the benefit of Obligee and its successors and assigns.

In Witness Whereof, the undersigned Guarantor has executed this Guaranty as of the date set forth herein.

Date: \_\_\_\_\_, 20\_\_\_\_. Guarantor, signature: \_\_\_\_\_  
Print name and address of Guarantor: \_\_\_\_\_

**CREDIT TERMS REQUESTED:**

CASH  C.O.D. CHECK (INCLUDES FAX CHECK)  OPEN (NET 20) TERMS AMOUNT OF CREDIT NEEDED MONTHLY: \$ \_\_\_\_\_

**BANK REFERENCE (For Open Terms or COD Check)**

Bank Name \_\_\_\_\_ How Long? \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_  
Account #: \_\_\_\_\_ Is this a business account? \_\_\_\_\_  
Do you have a line of credit or loan?  Yes  No If Yes, amount of outstanding balance: \$ \_\_\_\_\_  
And please provide institution name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Does a bank, insurance company, or other creditor hold a security interest in your accounts receivable and/or inventory?  Yes  No  
If yes, provide name of security interest holder: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

**REFERENCES (For Open Terms or COD Check)**

AcuSport Corp. . . . . Acct #: \_\_\_\_\_  Ellett Brothers. . . . . Acct #: \_\_\_\_\_  
 AmChar Wholesale . . . . . Acct #: \_\_\_\_\_  Jerry's Sport Center . . . . . Acct #: \_\_\_\_\_  
 Bangers . . . . . Acct #: \_\_\_\_\_  Kimber Mfg. . . . . Acct #: \_\_\_\_\_  
 Benelli . . . . . Acct #: \_\_\_\_\_  Lew Horton Dist. . . . . Acct #: \_\_\_\_\_  
 Bill Hicks & Co. . . . . Acct #: \_\_\_\_\_  Lipsey's . . . . . Acct #: \_\_\_\_\_  
 Camfour. . . . . Acct #: \_\_\_\_\_  Sports South. . . . . Acct #: \_\_\_\_\_  
 Chattanooga Shooting . . . . . Acct #: \_\_\_\_\_  Williams Shooters Supply . . Acct #: \_\_\_\_\_  
 Davidson's. . . . . Acct #: \_\_\_\_\_  Zanders Sporting Goods. . . . Acct #: \_\_\_\_\_  
  
 Other Trade Reference Name: \_\_\_\_\_ Acct#: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 Other Trade Reference Name: \_\_\_\_\_ Acct#: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
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## CONFIDENTIAL

### To Whom It May Concern:

The undersigned hereby authorizes the release of all credit information requested by RSR Group, Inc.

Name of Company \_\_\_\_\_

Name listed on bank account \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print Name Signed \_\_\_\_\_

Title (if any) \_\_\_\_\_

Date \_\_\_\_\_

(A facsimile or copy of my signature shall be deemed to be an original.)