

## Credit Application

For the purpose of obtaining merchandise from Far Bank Enterprises, Sage Manufacturing Corp, (Redington) or Rio Products Intl Inc. (collectively "Far Bank") on credit, the undersigned retailer provides above information (including balance sheet and income statement) warrants to Far Bank the information is complete, true and accurately reflects the present financial condition of Retailer. Retailer gives Far Bank permission to contact bank and trade creditors, to include personal credit information, both during the credit review process and as needed to update Retailer's credit file. Upon Acceptance of this application by Far Bank, Retailer agrees to make payment in accordance with the terms schedule and amounts set forth in the invoices and price lists provided by Far Bank. Retailer understands that any price discounts allowed by Far Bank are conditional upon timely payment in accordance with Far Bank, including the invoices, and Retailer agrees to pay the full price for any merchandise as to which full and timely payment is not made in accordance with the invoice terms. Retailer agrees to pay interest on payments past due at the rate of (18) percent per annum. In case it becomes necessary for Far Bank to retain the services of an attorney or collection agency to assist in the collection of any amounts past due, Retailer agrees to pay Far Bank reasonable attorney's fees, court costs and collection fees. If Retailer becomes past due in its payments to Far Bank, Far Bank, may at its option, accelerate all invoices which shall become due and payable immediately. The interpretation and enforcement of this credit application shall be governed by the laws of the State of Washington.

Retailer/Dealer Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_  
**SIGN HERE**

All information contained herein will be kept strictly confidential and used only for the internal purposes of Far Bank Enterprises

Date \_\_\_\_\_ Credit Line Requested \$: \_\_\_\_\_

Store Name: \_\_\_\_\_ Shipping Address: (if different than mailing address) \_\_\_\_\_  
Corp. Name \_\_\_\_\_  
Mail Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_

(If shop is not open year-around, list off-season address and phone number.) \_\_\_\_\_ Email address \_\_\_\_\_

**Owner(s) and Shareholders:**

| Name  | % of shares held | Home address | Phone number |
|-------|------------------|--------------|--------------|
| _____ | _____            | _____        | _____        |
| _____ | _____            | _____        | _____        |
| _____ | 100%             | _____        | _____        |

Accounts Payable Contact: \_\_\_\_\_ Authorized Buyer: \_\_\_\_\_  
\*\*Indicate requested brands: Sage \_\_\_\_\_ Redington \_\_\_\_\_ Rio Products \_\_\_\_\_

**\*\*Completion of this credit application does not constitute an agreement by Far Bank or its affiliates to sell any products under any brands**

Years Established: \_\_\_\_\_ Annual Sales Volume: \$ \_\_\_\_\_ SBA Loan \_\_\_\_\_

Type of Business: Corporation \_\_\_\_\_ Partnership (LLC) \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

State Where Incorporated \_\_\_\_\_

Tax Exempt? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a valid exemption certificate

Asset Pledged as Security?: Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, state assets and amount pledged) \_\_\_\_\_

Fire Insurance Carrier \_\_\_\_\_ Liability Insurance Carrier \_\_\_\_\_

Building: Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Value if Owned \_\_\_\_\_

Mortgage Held by - Address \_\_\_\_\_

If Building Rented - Name and Address of Owner \_\_\_\_\_

If incorporated or partnership, would you sign a Personal Guaranty? \_\_\_\_\_

Do you have other signed guaranties outstanding now? \_\_\_\_\_ If so, with whom? \_\_\_\_\_

Have you or any of your partners or shareholders ever filed personal or corporate bankruptcy? \_\_\_\_\_

If so, When? \_\_\_\_\_

Business Financial Statement Attached? \_\_\_\_\_ Principal(s) Personal Financial Statement Attached? \_\_\_\_\_

**Bank Reference:**  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ ( ) \_\_\_\_\_  
\_\_\_\_\_ Account # \_\_\_\_\_

# FAR BANK

*enterprises*



Corporate office

receivables@farbank.com

877-263-4131 Credit & AR Phone

206-842-6830 Credit & AR Fax

## Trade References

Company Name: \_\_\_\_\_ Doing Business as: \_\_\_\_\_

Please list any companies with whom you have established credit.  
 \*\*Please provide complete addresses, phone numbers, contact email, and fax numbers.

Name \_\_\_\_\_ Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

List of companies with whom we exchange credit information. Please check those with which you have established credit.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ABEL REELS         | <input type="checkbox"/> ST. CROIX        | <input type="checkbox"/> REC COMPONENTS         |
| <input type="checkbox"/> LAMSON             | <input type="checkbox"/> GALVAN FLY REELS | <input type="checkbox"/> TIBOR REEL CORPORATION |
| <input type="checkbox"/> FILSON CORPORATION | <input type="checkbox"/> ORVIS            | <input type="checkbox"/> COLUMBIA SPORTSWEAR    |
| <input type="checkbox"/> ROSS REELS         | <input type="checkbox"/> NAUTILUS REELS   | <input type="checkbox"/> SIMMS FISHING PRODUCTS |
| <input type="checkbox"/> G-LOOMIS           | <input type="checkbox"/> CORTLAND         | <input type="checkbox"/> ROYAL WULFF PRODUCTS   |
| <input type="checkbox"/> WINSTON RODS       | <input type="checkbox"/> DAN BAILEY'S     | <input type="checkbox"/> BLACK DIAMOND          |
| <input type="checkbox"/> SCOTT FLY RODS     | <input type="checkbox"/> PATAGONIA        | <input type="checkbox"/> RAJEFF SPORTS          |
| <input type="checkbox"/> UMPQUA             |   |   |

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## CREDIT CARD SIGNATURE ON FILE AUTHORIZATION FORM

Please check one:

- American Express  Mastercard  Visa  Discover

Please check one:

- Personal Card  Corporate/Business Card

Please check one:

- Single Use  Keep On File

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
NAME AS IT APPEARS ON CARD

\_\_\_\_\_  
BILLING ADDRESS FOR CREDIT CARD

\_\_\_\_\_  
COMPANY NAME, IF CORPORATE/BUSINESS CARD

I, \_\_\_\_\_, authorize Far Bank Enterprises and its companies to process the above credit card as "Signature on File" for payment against invoices, etc.

\_\_\_\_\_  
SIGNATURE OF CARDHOLDER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMPANY/STORE NAME

\_\_\_\_\_  
ACCOUNT NUMBER