



**BILL HICKS & CO., LTD.**  
15155 23<sup>RD</sup> Avenue North  
Minneapolis, Minnesota 55447-4740

**Office:** (763) 476-6200  
**Fax:** (763) 476-8963  
**Toll Free:** (800) 223-0702

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Thank you for your interest in Bill Hicks & Co., Ltd.

We are pleased to inform you that your application to become an exclusive dealer has been approved and your account number is \_\_\_\_\_.

To begin exploring our inventory with up-to-date pricing and availability visit our website: [www.billhicksco.com](http://www.billhicksco.com). To gain access, use the following username and password:

Username: \_\_\_\_\_

Password: \_\_\_\_\_

We at Bill Hicks & Co., Ltd. are happy to have you aboard, and look forward to a mutually-successful business partnership. We pride ourselves on providing quality product at fair prices delivered by superior customer service. Should you have further questions please contact us at any time.

Sincerely,

Niki Kramer

P: 763-852-5267

E: [niki.kramer@billhicksco.com](mailto:niki.kramer@billhicksco.com)



**CORPORATE OFFICE**  
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## **BILL HICKS & CO., LTD. – FREE FREIGHT POLICY**

Our **Free Freight Policy** is designed to help you save on shipping expenses year-round by taking the complications of shipping sporting goods across the country using two reliable and trusted shippers: **UPS** and **Spee-Dee Delivery**.

### **WHAT YOU NEED TO KNOW**

**If you live within the Spee-Dee Delivery service area** (North and South Dakota, Nebraska, Minnesota, Iowa, Wisconsin & Illinois) we will be able to transport any combination of merchandise including long guns and handguns simultaneously at an extremely low rate. When you use Spee-Dee Delivery as your shipper, our policy is simple:

- Any orders over \$1,000 qualify for free freight if paid within terms.
- C.O.D. charges and a \$4.00 handling fee still apply.



**If you live outside of the Spee-Dee Delivery service area** your orders will be shipped using UPS, therefore handguns will need to be shipped separately via 2<sup>nd</sup>-Day Air delivery. In summary:

- All GROUND orders over \$1,000 qualify for free freight if paid within terms.
- All 2<sup>nd</sup> Day Air orders over \$1,000 qualify for free freight if paid within terms.
- Handguns must ship 2<sup>nd</sup> Day Air and will be pulled to a separate order.
- C.O.D. charges and a \$4.00 handling fee still apply.

In accordance with the provisions of Title I, Gun Control Act of 1968, and the regulations issued thereunder (27 CFR Part 478), you are licensed to engage in the business specified in this license, within the limitations of Chapter 44, Title 18, United States Code, and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 478.51.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF Correspondence To ATF - Chief, FFLC 244 Needy Road Martinsburg, WV 25405-9431	License Number <b>3-41-053-01-5C-02758</b>
Chief, Federal Firearms Licensing Center (FFLC) <i>Tracy Robertson</i>	Expiration Date <b>March 1, 2015</b>
Name BILL HICKS & CO LTD	

Premises Address (Changes? Notify the FFLC at least 30 days before the move.)  
**15155 23RD AVE NORTH  
PLYMOUTH, MN 55447-**

Type of License  
**01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES**

Purchasing Certification Statement The licensee named above shall use a copy of this license to assist a transferor of firearms to verify the identity and the licensed status of the licensee as provided by 27 CFR Part 478. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Firearms Licensee (FFL) or a responsible person of the FFL. I certify that this is a true copy of a license issued to the licensee named above to engage in the business specified above under "Type of License."	Mailing Address (Changes? Notify the FFLC of any changes.) BILL HICKS & CO LTD 15155 23RD AVE NORTH PLYMOUTH, MN 55447-
<i>Michelle Binstock</i> Licensee/Responsible Person Signature	
<b>PRESIDENT</b> Position/Title	
<u>MICHELLE BINSTOCK</u> Printed Name	<u>02-09-2012</u> Date

ATF Form 8 (5310.11)  
Revised October 2011

Previous Edition is Obsolete BILL HICKS & CO LTD-15155 23RD AVE NORTH-55447-3-41-053-01-5C-02758-March 1, 2015-01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES

Federal Firearms License (FFL) Customer Service Information

Federal Firearms Licensing Center (FFLC) 244 Needy Road Martinsburg, WV 25405-9431  
Toll-free Telephone Number: (866) 662-2750  
Toll-free Fax Number: (866) 257-2749  
E-mail: NLC@atf.gov  
ATF Homepage: www.atf.gov  
FFL eZ Check: www.atfonline.gov/fflezcheck

**Change of Address (27 CFR 478.52).** Licensees may during the term of their current license remove their business or activity to a new location at which they intend regularly to carry on such business or activity by filing an Application for an Amended Federal Firearms License, ATF Form 5300.38, in duplicate, not less than 30 days prior to such removal with the Chief, Federal Firearms Licensing Center. The application must be executed under the penalties of perjury and penalties imposed by 18 U.S.C. 924. The application shall be accompanied by the licensee's original license. The license will be valid for the remainder of the term of the original license. **(The Chief, FFLC, shall, if the applicant is not qualified, refer the application for amended license to the Director of Industry Operations for denial in accordance with § 478.71.)**

**Right of Succession (27 CFR 478.56).** (a) Certain persons other than the licensee may secure the right to carry on the same firearms or ammunition business at the same address shown on, and for the remainder of the term of, a current license. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business shall furnish the license for that business for endorsement of such succession to the Chief, FFLC, within 30 days from the date on which the successor begins to carry on the business.

(Continued on reverse side)

Cut Here ✂

**Federal Firearms License (FFL) Information Card**

License Name: **BILL HICKS & CO LTD**

Business Name:

License Number: **3-41-053-01-5C-02758**

License Type: **01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES**

Expiration: **March 1, 2015**

Please Note: Not Valid for the Sale or Other Disposition of Firearms.

**FFL Newsletter - Electronic Version Available**

Sign-Up Today!

FFLs interested in receiving the electronic version of the FFL Newsletter, along with occasional additional information, should submit name, FFL number, and e-mail address to: FFLNewsletter@atf.gov.

The electronic FFL Newsletter will enable ATF to communicate information to licensees on a periodic basis.



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## CUSTOMER COD CHECK, CREDIT or ACH APPLICATION

Legal Business Name \_\_\_\_\_ F.E.I.N. or S.S.N. \_\_\_\_\_

Doing Business As \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ How Long at this Address? \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Corporation, State of \_\_\_\_\_  Partnership  Sole Proprietorship  Limited Liability Corporation

Number of Employees \_\_\_\_\_ Annual Sales \_\_\_\_\_ Years in Business \_\_\_\_\_ Present Owners Since \_\_\_\_\_

Credit Application is for:  COD Customer Check  Credit Line  ACH (Signed Blanket Authorization Agreement Required)

If you are applying for a Credit Line please list the amount of credit you are requesting \_\_\_\_\_

Own or Lease \_\_\_\_\_ Landlord's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Accounts Payable E-Mail \_\_\_\_\_

### BANK REFERENCE

Account # \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Bank Name \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Bank City and State \_\_\_\_\_

Bank Contact \_\_\_\_\_ Title \_\_\_\_\_

### CREDIT REFERENCES

(Sporting goods suppliers preferred)

Name	Fax Number (required)	Phone	Account Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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

(Required)

1. Name \_\_\_\_\_ Title \_\_\_\_\_ S.S.N. \_\_\_\_\_

Residence Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_ S.S.N. \_\_\_\_\_

Residence Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**TERMS AND CONDITIONS**

All goods and merchandise are the property of Bill Hicks & Co., Ltd. until payment is made. A finance charge of up to 1.5% per month will be added to past due amounts. The undersigned acknowledges and understands all applications are subject to approval and acceptance. The undersigned submits this application for the purpose of obtaining credit. The undersigned authorizes Bill Hicks & Co., Ltd. to investigate the undersigned's credit record including references and statements and to report the performance of any obligation owed to Bill Hicks & Co., Ltd. to reporting agencies or other credit grantor. Returned checks shall be subject to a service charge of \$30 and customer's account may, at the option of Bill Hicks & Co., Ltd., be changed to COD. Returned checks and delinquencies will be reported to industry credit associations. At the option of Bill Hicks & Co., Ltd., Applicant agrees that returned checks may be presented as an Automated Clearing House (ACH) transaction to Applicant's bank. Applicant agrees that failure to pay any invoice in full without the prior approval from Bill Hicks & Co., Ltd. Credit Department can result in cancellation of any credit terms offered under this agreement. Applicant further agrees that failure to pay any invoice in full within payment terms of the invoice can result in all open invoices becoming immediately due, regardless of terms. Applicant agrees that payment comes due immediately if purchaser becomes insolvent or bankrupt, discontinues business, or ownership of the business changes. Bill Hicks & Co., Ltd. reserves the right to alter or suspend credit at any time. If customer's account is referred to a collection agency or attorney for collection, customer agrees to pay all costs of collection including legal fees, collection fees, post-judgment interest and court costs. Applicant warrants that it maintains a distinct retail sales facility including stocking of inventory and is in compliance with all Federal, State, and Local firearms, zoning, and related laws.

**THE UNDERSIGNED AUTHORIZES RELEASE OF ALL CREDIT INFORMATION REQUESTED BY BILL HICKS & CO., LTD.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**A FACSIMILE OR COPY OF SIGNATURE SHALL BE DEEMED TO BE AN ORIGINAL**

**PERSONAL GUARANTEE**

I/We, \_\_\_\_\_,

hereby personally guarantee payment of any and all indebtedness of applicant together with any costs of collection, including attorney's fees, court costs, post-judgment interest, disbursements and any other collection costs, including costs of any appeal. The undersigned hereby waives, to the extent permissible under the laws of the jurisdiction in which this guarantee is sought to be enforced, all presentment, dishonor and notice of protest. The undersigned guarantor(s) further agrees that this guarantee is continuing and that it shall remain in full force and effect as long as there is an outstanding balance owed by the applicant to Bill Hicks & Co., Ltd. The guarantor(s) further agree that Bill Hicks & Co., Ltd. may from time to time vary or adjust terms of sale and may agree to extend the due date on any invoice and that such variance or extension shall not operate to release guarantor(s). Guarantor(s) agree that this is a guarantee of payment and not of collection. The undersigned hereby waives any right to a homestead exemption or other exemption from execution on any judgment he/she or it may have under any state law. The invalidation of any part hereof shall not act as an invalidation of the whole hereof. All parts not invalidated shall be enforceable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**A FACSIMILE OR COPY OF SIGNATURE SHALL BE DEEMED TO BE AN ORIGINAL**



# BLANKET AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEBIT(S) (ACH)

Rev 5/13

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Business Name \_\_\_\_\_ BHC Cust # \_\_\_\_\_

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

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

( ) Corporation, State of \_\_\_\_\_ ( ) Partnership ( ) Sole Proprietorship ( ) Limited Liability Corporation

### Terms and Conditions

There is a \$4.00 charge for each ACH transaction. All goods and merchandise are the property of Bill Hicks & Co., Ltd. until payment is made. Returned ACH presentments or checks shall be subject to a service charge of \$30 and a finance charge of 1.5% per month on past due amounts. In the event customer's account is referred to a collection agency or attorney for collection, customer agrees to pay all costs of collection including legal fees, collection fees, post-judgment interest and court costs. Applicant warrants that it maintains a distinct retail sales facility including stocking of inventory and is in compliance with all Federal, State, and Local firearms, zoning, and related laws. The undersigned authorizes release of all credit information requested by Bill Hicks & Co., Ltd.

Name on Bank Account \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Phone (\_\_\_\_\_) \_\_\_\_\_

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

Bank Account # \_\_\_\_\_ ABA Transit # \_\_\_\_\_  
(9-digit routing number on your checks)

This authority is to remain in full force and effect until Bill Hicks & Co., Ltd. and bank have received written notification of its termination from you. The written notification must be in such time and in such manner as to afford Bill Hicks & Co., Ltd. and bank a reasonable opportunity to act on it.

All signatures required for drafts to bank account are required:

Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Your signature(s) via fax indicates adherence to the terms and conditions of this agreement.**