



NOTE: ALL PAGES MUST BE COMPLETED. APPLICATION MUST BE SIGNED AND DATED.



FOR OFFICE USE ONLY

CUSTOMER APPLICATION

Company Profile

Date: 7/24/2021

Type of Business: Gun Range Expected Monthly Purchase from Savior: -

Year Established: 1968 Business Owned Since: 1968

Corporation State of Incorporation TX Partnership Sole Proprietor

Legal Corporate Name: Cases Unlimited, Inc.

Business Name: Lake Highlands Shooting Center

Shipping Address: 10757 Mapleridge Dr.

City: Dallas State: TX Zip: 75238

Billing Address: Same

City: _____ State: _____ Zip: _____

Telephone Number (214) 343-3494 Fax Number () _____

Website / Email: www.LHShootingCenter.com/david@lhshootingcenter.com

State Sales Tax Number: (Attach Resale Cert.) 1-75-1307439-7

Federal Tax I.D. Number: 75-1307439

Owner of Business: Corp

Is Business a Subsidiary? No Yes Franchise? No Yes

If Yes, Name Parent or Franchiser: _____

TRADE AND BANK REFERENCES Optional IF ONLY COD to credit card orders

Please list other warehouse distributors or major suppliers. List at least 3 references.

Name	Address	City	State	Zip Code	Phone # (Area Code)
1) <u>TZ Case</u>	<u>1786 Curtis Ct.</u>	<u>LaVerne</u>	<u>CA</u>	<u>91750</u>	<u>909-392-8806</u>
2) <u>RSR</u>	<u>4700 Amon Carter</u>	<u>Ft. Worth</u>	<u>TX</u>	<u>76155</u>	<u>972-602-3131</u>
3) <u>Natchez Shooter Supply</u>	<u>Box 1822</u>	<u>Chattanooga</u>	<u>TN</u>	<u>37422</u>	<u>PH# 1 800 251 7839</u>
4) _____	_____	_____	_____	_____	_____

Name of Bank: Comerica Bank

Telephone Number (972) 234-7400 Fax Number (972) 234-7410 Since: (Yr) 1998

Address: (Branch) Forest Lane 10601

City: Dallas State: TX Zip: 75243

Checking Account Number: 1880307986 Officer to Contact: Mark Penny

Applicant: (Signature) [Signature] Title: President

Guarantor: (Signature) _____ Spouse/Partner: _____

Guarantor: (Signature) _____ Spouse/Partner: _____

Document must be signed by owner(s) or an authorized officer of the company. You are representing in order to release bank information

CREDIT CARD INFORMATION

Card Holder's Name: David E. Lubin
 Billing Address: 10757 Mapleridge Dr.
 City: Dallas State: TX Zip: 75238

TYPES OF CREDIT CARD ACCEPTED (ONLY) MasterCard Visa AMEX
 ACCOUNT #: 5528 6985 8571 3897 Expiration Date: 9 / 25 3-Digit Security Code: 972

Full Name, Owners/Officers	Title	Home Address	Home Phone # (Area Code)
1) <u>David E. Lubin</u>	<u>Pres.</u>	<u>7111 Winding Creek</u>	<u>214 213 8799</u>
2) <u>Mare Lubin</u>	<u>V.P.</u>	<u>22233 CR 850 Farmersville</u>	<u>214-213-2483</u>

Person to contact regarding billings/payments: Sally Lubin
 Telephone Number (214) 213-8790 Email: sally@casesunlimited.com

Person to contact regarding orders: Mare or David Lubin
 Telephone Number (214) 213-2483 Email: Mare@LHshootingcenter.com

NOTE:

1. Applicant's signature attests financial responsibility, willingness and ability to pay our invoices in accordance with the payment terms, which may be granted, and in accordance with Savior Equipment published terms and policies as may be revised from time to time. All information is required to assess credit terms. Additional documents and/or information may be required as a condition of sales or credit terms.
2. You must purchase merchandise for the sole purpose of resale.
3. An NFS charge of \$35.00 or 5%, whichever is greater, will be charged on any returned checks. If two checks are returned for any reason, the account will be placed on CASH or Money Order only.
4. Applicant also assumes responsibility for all bills contracted in his/her name at the designated address and, if required to collect delinquent accounts, all collection agency, attorney expenses and court costs.

The information given herein is for the purpose of obtaining credit and is warranted to be true. I/We understand that completion of this application does not constitute an offer to sell or an authorization to buy from Savior Equipment. I/We hereby authorize the firm to whom this application is made (Savior Equipment) to investigate the references listed. I/We have read and fully understand the above.

Signature: David E. Lubin Date: 7/24/2021
 Title: President Firm Name: Lake Highlands Shooting Center

FOR SAVIOR USE ONLY

Outside Salesperson Check Approval? _____ Terms Requested: _____
 Warehouse Location: _____ Date Received: _____
 Authorized for D&B: _____ Date: _____
 Delivery: _____ Terms: _____ Salesperson: _____

FOR ACCOUNTING USE ONLY

Date Received: _____ Approved by: _____ Terms: _____
 Special Conditions: _____

TEXAS SALES AND USE TAX PERMIT

This permit is not transferable, and this side must be prominently displayed in your place of business.

Merchants: DO NOT accept a copy of this permit in place of a resale or exemption certificate. You will be responsible for sales tax unless you have a valid resale/exemption certificate on file.

You must obtain a new permit if there is a change of ownership, location, or business location name.

TAXPAYER NAME: BUSINESS LOCATION NAME, and PHYSICAL LOCATION

CASES UNLIMITED INC
10757 MAPLERIDGE DR
DALLAS

TX 75238

Type of permit	SALES AND USE TAX
Taxpayer number	1-75-1307439-7
Outlet number	00007
First business date	07/01/1996

SIC CODE: 5137

DESCRIPTION ON NEXT LINE:

women's, children's, and infants' clothing and
WE SHOW THIS BUSINESS IN THE FOLLOWING LOCAL SALES TAX AUTHORITIES:
CITY: DALLAS
EFF: 07/01/1996
TRANSIT: DALLAS MTA
EFF: 07/01/1996

Carole Keeton Rylander
CAROLE KEETON RYLANDER
Comptroller of Public Accounts

YOU MAY NEED TO COLLECT SALES AND/OR USE TAX FOR OTHER LOCAL TAXING AUTHORITIES DEPENDING ON YOUR TYPE OF BUSINESS.

If you have any questions regarding sales tax, you may contact the Texas State Comptroller's field office in your area or call 1-800-252-5555, toll free, nationwide. The Austin number is 512/463-4600. If you are calling from a Telecommunications Device for the Deaf (TDD), the toll free number is 1-800-248-4099, or in Austin, 512/463-4621.

California Resale Certificate

I HEREBY CERTIFY:

1. I hold valid seller's permit number: NA
2. I am engaged in the business of selling the following type of tangible personal property:

3. This Certificate is for the purchase from _____ of the item(s) I have
(Vendor's name)
listed in paragraph 5 below.
4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and the display while holding the item(s) for sale in the regular course of my business, I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.
5. Description of property to be purchased for resale:

6. I have read and understand the following:

For your information: A person may be guilty of a misdemeanor under Revenue and Taxation Code Section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE

PRINTED NAME OF PERSON SIGNING

TITLE

ADDRESS OF PURCHASER

TELEPHONE NUMBER

DATE

SAVIOR EQUIPMENT TERMS AND CONDITIONS

Terms

1. All shipments are C.O.D. unless payment is received with an order or prior arrangements have been made for an open account. Prepayment will help avoid costly C.O.D. charges.
2. Any check that is returned for N.S.F. (Non-sufficient funds) will incur a \$35 fee.
3. There will be a 3% non-refundable processing fee charged to all credit card orders.

Credit Policy

1. Accounts must have a completed and signed credit application on file.
2. Accounts with unpaid invoices past due thirty-one days or longer will not be shipped until the account is current.
3. In the event of default on your credit account, you will be responsible for payment of finance charges, reasonable attorney's fees, actual court costs, as well as any other costs incurred in the collection of your account.

Pricing

1. Prices and terms herein supersede all previous pricing. Prices are subject to change without notice.

Ordering

1. Orders are to be emailed over to: orders@saviorequipment.com.
2. Orders may also be faxed over to (626) 934-8885.
3. Order cancellations can only be requested prior to shipment.

Back Orders

1. Back orders will be shipped as soon as they become available.
2. It is Savior Equipment's policy to hold backorders until the product becomes available for shipment. **Should you wish to have backorders cancelled, please email or fax in a cancellation request.**
3. Back order cancellations can only be requested prior to shipment.

Shipment & Freight Policy

1. All freight-prepaid shipments will be by a freight company chosen by Savior Equipment unless the freight company is specified at the time the order is placed.
2. There is a \$5.00 "drop ship fee" on orders that are shipped to a non-billing address.
3. Savior Equipment is not responsible for any custom/brokerage fees, taxes, or duties related to international orders.
4. Drop ship orders from customers located outside of California will incur a 10% tax on orders shipping within California.

Shortages & Damages

1. Inspection of shipments is the responsibility of the customer. Damage or shortages need to be reported by the customer to the carrier at the time of delivery and noted on the bill of lading. Any claims not reported within 48 hours of delivery will not be honored.
2. Savior Equipment needs to be notified of any items that are damaged during shipping. Claim process may take up to 21 days.
3. Do not deduct shortage from invoices when making payment
4. The customer will be responsible for payment of any damages or shortages not reported within 48 hours of receipt of the shipment.

Returns

1. All returns require an RMA (returned merchandise authorization) number authorized by Savior Equipment. All authorized returns will be made on a freight-prepaid basis, included insurance, by the customer and will be subject to a 20% restocking fee.
2. Returns must be made within 14 days of receipt. All returns will be issued as credit, not a refund, and may only be applied to a 2/1 (two for one) offsetting order. Non-defective items are not eligible for return or exchange after the 14-day period. **NO EXCEPTIONS.**
3. RMA number must clearly be displayed on a return label or box.
4. Items returned without an approved RMA number will be refused and returned to sender.
5. Items to be returned must be received by Savior Equipment within 30 days from issue of an RMA number. **After 30 days, the RMA is void.**
6. An account must be current to be eligible for returns.
7. Item must be in original packaging and in new resalable condition.
8. Shipping fees are non-refundable. Customer is responsible for shipping charges incurred to and from Savior Equipment.
9. Returned items must be boxed and shipped in a manner so as not to be damaged in transit. Damage to boxes or product due to packaging will result in a re-box charge or loss of credit for that product.
10. Authorized returnable products should be shipped prepaid to Savior Equipment. Savior Equipment. Does not accept collect shipments for any returns.
11. Any overages of product received but not listed on the RMA will not be credited.
12. Product that is returned and determined to be non Savior Equipment product will not be credited, nor returned to the point of origin. Parts will be scrapped.

SAVIOR LIFETIME WARRANTY

SAVIOR EQUIPMENT STAND BEHIND OUR PRODUCTS

All products sold by Savior Equipment or its authorized dealers are covered by the Savior Lifetime Warranty.

The warranty will cover:

- Defective materials
- Faulty workmanship

The warranty will not cover:

- Products sold from any establishment other than Savior Equipment or its authorized retailers
- Normal wear & tear
- Damage produced deliberately
- Damage produced by customer modifications

If any problems do arise, please contact us for a hassle-free exchange.

HASSLE-FREE EXCHANGE

We understand how unnecessarily stressful it may be to return or exchange an item, so we do everything we can to keep the process simple.

1. Contact us through email at support@saviorequipment.com
2. Let us know the reason for exchange
3. Ship the product back with the shipping label we send you

When we receive the item, we will inspect it and begin the exchange.

I hereby agree to the terms & conditions set forth above.

Signature Acknowledgement: David E. Lubin Date: 7/24/2021
Print Name: DAVID LUBIN Title: President