



2016 RETAIL PARTNER APPLICATION

Phone 877-594-9820 Fax 817-594-9824 Email: Info@barhequine.com
www.barhequine.com

BUSINESS INFORMATION:

BUSINESS NAME: _____
LAST NAME: _____ FIRST NAME: _____ TITLE: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
BUSINESS PHONE: _____ BUSINESS FAX: _____
WEB ADDRESS: _____
EMAIL ADDRESS: _____
TAX ID # _____ I HAVE ATTACHED A COPY OF CERTIFICATE

SHIPPING ADDRESS: SAME AS ABOVE I WILL EMAIL/FAX CERTIFICATE BEFORE I ORDER
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

TYPE OF BUSINESS: (CHECK ALL THAT APPLY) ** MUST HAVE STORE FRONT TO OPEN

** COMMERCIAL STORE FRONT (MUST ATTACH PHOTO) CATALOG INTERNET (MUST INVENTORY PRODUCT)

PRODUCTS SOLD: (CHECK ALL THAT APPLY)

TACK FARM & RANCH SUPPLIES ANIMAL HEALTH APPAREL ACCESSORIES/ GIFTS

AVERAGE # OF SADDLES ON FLOOR _____ **WALL SPACE FOR TACK** _____ **FT.**

TYPE OF PAYMENT PREFERRED: (CHECK ONE)

COD VISA MASTERCARD DISCOVER

CREDIT CARD # _____ EXP _____

CARDHOLDER NAME _____ V-CODE _____

TRADE REFERENCES (MINIMUM OF 2 FOR CREDIT CARD, 3 FOR TERM REQUESTS, MUST INCLUDE FAX #)

COMPANY _____ FAX: _____

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I, _____ OF _____ CONFIRM THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT. BY SIGNING THIS FORM, I AGREE WITH ALL OF BAR H EQUINE'S POLICIES AND PROCEDURES. I, THE UNDERSIGNED, AUTHORIZE BAR H EQUINE THE RIGHT TO CHARGE MY CREDIT CARD FOR ALL PURCHASES PLACED BY MY COMPANY UNLESS TERMS ARE APPROVED. HOWEVER, WITH TERMS, IF MY ACCOUNT BECOMES PAST DUE, BAR H MAY CHARGE THIS CARD FOR PAST DUE BALANCE IN FULL ON THE FIRST DAY IT IS LATE.

Initial _____

I HAVE READ AND AGREE TO BAR H EQUINE POLICIES AND PROCEDURES AVAILABLE ON PRICELIST AND WEBSITE.

Authorized Signature

Date