



PARTNER APPLICATION

Phone 877-594-9820 Fax 817-594-9824
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

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

TYPE OF BUSINESS: (CHECK ALL THAT APPLY)

COMMERCIAL STORE FRONT RESIDENCE STORE FRONT CATALOG INTERNET
 MOBILE – SHOWS ATTENDED _____

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 AMERICAN EXPRESS
CREDIT CARD # _____
CARDHOLDER NAME _____ V-CODE _____

TRADE REFERENCES (MINIMUM OF 2 FOR CREDIT CARD, 3 FOR TERM REQUESTS)

COMPANY _____ PHONE: _____
COMPANY _____ PHONE: _____
COMPANY _____ PHONE: _____

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.

Authorized Signature Date

OFFICE: ___/___/___ **RECEIVED** ___/___/___ **FAXED TO N.S.M.** ___/___/___ **FAXED TO SALESMAN**

Salesman _____ **Date** _____