



## 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: \_\_\_\_\_

COMPANY \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY \_\_\_\_\_ FAX: \_\_\_\_\_

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