



New Supply Account Application Form

In House Use Only	
Account Number	_____
Account Type	_____
Date Approved	____/____/____
Approved By	_____

Please take a few minutes to complete the following information in its entirety and return it to us via fax or mail as soon as possible. Upon receiving your application, we will assign you a Weaver Leather Supply Account Number that you may use to begin ordering from our catalog. **Please note: first time orders must total \$2500.00 or more (excluding shipping charges).** If you have any questions regarding this application, please call us at 800-932-8371 or 330-674-1782.

Toll Free in the U.S. & Canada
 Phone: **800-932-8371**
 Fax: **800-693-2837**
 Local & International
 Phone: 330-674-1782 • Fax: 330-674-0330
 7540 CR 201, PO Box 68, Mt. Hope, OH 44660-0068

(Please type or print clearly in dark ink)

Business Name _____ Date _____
 Owner Name(s) _____
 Federal Tax ID # _____
 Number of Employees _____ (Including yourself.) Corporation Partnership Proprietors
 Mailing Address _____
 City _____ State _____ Zip _____
 Shipping Address _____
 City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____ E-Mail Address _____
 Is shipping address also your home address? Yes No

In addition to this application, we require that you submit a blanket certificate of exemption for sales tax purposes. Please contact us for a copy of this form at taxforms@weaverleather.com.

Have you ever purchased from Weaver Leather Supply before? Yes No If so, when? _____
 Under what name & address was your account listed? (If different from above.)
 Name _____ Address _____
 City _____ State _____ Zip _____ Phone (____) _____

Type of Business: Manufacturer Repair Retailer Other (Please explain.) _____
 Business Hours: _____ Years in Business: _____
 Type of products you may be purchasing from Weaver Leather Supply (Please check as many as are applicable.)
 Leather Hardware Oils/Dyes/Thread
 Nylon Webbing Saddlery Supplies/Stirrups Machinery/Equipment
 Poly Rope Tools Harness Hardware & Parts
 Other _____
 What are the primary products that you will be manufacturing? _____
 What other types of items will you be manufacturing or repairing? (Please check the category(s) that best describe your business.)
 Equine: (Saddles, Leather Tack, Nylon Tack, Harness, Chaps) Other _____
 Personal Accessories: (Belts, Wallets, Bags, Clothing/Shoes, Jewelry, Holsters) Other _____
 Fire/Duty: (Tactical Gear, Radio Cases, Holsters, Duty Belts) Other _____
 Pet: (Leather Collars/Leads, Nylon Collars/Leads) Other _____
 Furniture/Upholstery: Other _____
 Costume/Renaissance: Other _____
 Other: _____