



NEW TACK ACCOUNT APPLICATION FORM

Hello! Thank you for your interest in opening a Weaver Leather tack account. Please take a few minutes to read our policies and complete the form below in its entirety. Return the form, along with pictures of the inside and outside of your retail store, to us via fax or email at newtackaccounts@weaverleather.com as soon as possible. Upon receiving, reviewing and approving your application, we will give you a Weaver Leather Account Number to use when ordering. Upon receiving your Weaver Leather Account Number, you may begin ordering from our catalog immediately. Please note: first time orders must total \$3,000.00 or more in Weaver branded items (excluding shipping charges). We also require dealers to order a minimum of \$2,000 annually. If you have any questions regarding this application, please call us at 800-932-8371 or 330-674-1782. Thank you.

In House Use Only

Account Number _____

Account Type _____

Date Approved ____/____/____

Approved By _____

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

Email: newtackaccounts@weaverleather.com

(Please type or print clearly in dark ink)

Business Name _____ Date _____

Owner Name(s) _____

Federal Tax ID # _____

Mailing Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Store Phone (____) _____ Fax (____) _____ Email Address _____

Is shipping address also your home address? Yes No Cell Phone/Other (____) _____

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 directly from Weaver Leather before? Yes No

If so, when and what type of product? _____

Under what name and address was your account listed? (If different from above)

Name _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Do sales representatives currently call on you? Yes NoBusiness is: Storefront Catalog Other (Please explain) _____

Store's approximate square footage _____ Sq. Ft.

Store Hours _____

Describe your type of business _____

Years in business at this location _____ Years in business at previous location _____

Type of products you may be purchasing from Weaver Leather LLC (Please check as many as are applicable)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Nylon Tack | <input type="checkbox"/> Training Items | <input type="checkbox"/> Bits & Spurs | <input type="checkbox"/> Hardware |
| <input type="checkbox"/> Leather Tack | <input type="checkbox"/> Roping Supplies | <input type="checkbox"/> Tools | <input type="checkbox"/> Leather |
| <input type="checkbox"/> Pet Collars and Leashes | <input type="checkbox"/> Leather Care Products | <input type="checkbox"/> Brushes/Combs/Grooming Accessories | <input type="checkbox"/> Livestock Products |
| <input type="checkbox"/> Personal Accessories | <input type="checkbox"/> Saddle Pads | <input type="checkbox"/> English | <input type="checkbox"/> Bells & Sleigh Bells |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> eZall® Products | <input type="checkbox"/> Troxel | |

What other tack companies do you have wholesale accounts with?

_____/_____/_____

What other equestrian brands do you sell?

_____/_____/_____

Please estimate your average annual gross sales:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Less than \$50,000 | <input type="checkbox"/> \$50,000 - \$99,999 | <input type="checkbox"/> \$100,000 - \$249,999 | <input type="checkbox"/> \$250,000 - \$499,999 |
| <input type="checkbox"/> \$500,000 - \$999,999 | <input type="checkbox"/> \$1,000,000 - \$3,000,000 | <input type="checkbox"/> Over \$3,000,000 | |

I have read, understand and agree to the Terms of Sale, Minimum Advertised Price (MAP) Policy, Distribution Channel and Third Party Policy and other policies provided by Weaver Leather, LLC. I also understand that these policies may change from time to time upon notice. I am authorized to sign on behalf of the above named company.

Signature _____ Title _____ Date _____

