

Horse Amour Bit Wipes Dealer Application

Name of store: _____ Years in Business: _____

Telephone #: _____ Fax#: _____

Delivery Address: _____

Billing Address: _____

City, State & Zip: _____

Federal ID#: _____ State Tax Resale #: _____

Name of purchaser/contact: _____

web address: _____ email: _____

I hereby certify that the above information is correct. I understand that overdue accounts will be assessed a 5% fee for every 30 days beyond the 30 day net period. Opening orders require a visa/mastercard payment.

Signature of purchaser: _____ Date: _____

Approved accounts will be net 30 days. Thank you.

Please send or fax this form to :

Horse Amour
804 Eaton Hill East
Castleton, VT 05735
fax: 802-468-2151

