

6/2015

NEW ACCOUNT APPLICATION

Date: _____ Contact: _____

Business Name: _____

Bill to Address: _____

Ship to Address: _____

City: _____ State: _____ Zip: _____

Business PH: (_____) _____ FAX: (_____) _____

EMAIL to send INVOICES: _____

WEBSITE: _____

A/P CONTACT: _____ A/P EMAIL: _____

A/P PH: (_____) _____ A/P FAX: (_____) _____

NUMBER OF EMPLOYEES _____

NUMBER OF SALES REPS _____

NUMBER OF STORE LOCATIONS _____

YEARS IN BUSINESS _____

How did you hear about Leather Brothers? _____

PRIMARY BUSINESS:

Distributor Pet Store Farm/Feed/Hardware Kennel Groomer Mail Order Catalog
 Retail Chain Store Veterinary Hunting Internet

HAVE YOU EVER PURCHASED FROM LEATHER BROTHERS BEFORE? YES NO

DO YOU HAVE A RESALE TAX PERMIT NUMBER? YES NO
(YOU MUST REMIT A COPY OF YOUR RESALE TAX CERTIFICATE WITH THIS APPLICATION)

DO YOU NEED A CATALOG/PRICE LIST? YES NO

DO YOU WANT TO BE SET UP TO ORDER ONLINE? YES NO

PAYMENT TERMS: What type of terms are you applying for?

Credit Card Open Account C.O.D./Business Check Wire Transfer ACH

Leather Brothers

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