



8255 East Washington Street ♦ Chagrin Falls ♦ Ohio ♦ 44023 ♦ 800.365.1311 ♦ sstack.com

WHOLESALE APPLICATION

Business Name:					
Business Address			Proprietorship	Partnership	Corporation
City	State	Zip	Approx. Annual Sales.	Approx. Inventory	Sq. Ft. of Store
Business Phone No.		Fax number	Would You Prefer: 30 Day Charge <input type="checkbox"/> Credit Card <input type="checkbox"/>		Building Own <input type="checkbox"/> Lease <input type="checkbox"/>
Website			Type of Business		
How long in Business		Email Address	Name of Owner/Stockholder		Title
Names of others than principals authorized to place orders			Home Address		
1.			City	State	Zip
2.			Home Phone		

❖ **Trade References (Please supply three credit references with fax numbers with submitting application)**

1.	Name	2.	Name	3.	Name
	Address		Address		Address
	Phone		Phone		Phone
	Fax No.		Fax No.		Fax No.
	Email:		Email:		Email:

Areas you service?

Lines you would like to stock

<input type="checkbox"/> Arabian	<input type="checkbox"/> Show Saddles & Equipment	<input type="checkbox"/> Equiflexsleeve
<input type="checkbox"/> Hunt Seat, Dressage	<input type="checkbox"/> Training Saddles & Equipment	<input type="checkbox"/> Horwear
<input type="checkbox"/> Race	<input type="checkbox"/> Grooming & Health Care	<input type="checkbox"/> Ultra
<input type="checkbox"/> Saddle Seat	<input type="checkbox"/> Packaged Goods	<input type="checkbox"/> Dog
<input type="checkbox"/> Western	<input type="checkbox"/> Stable Necessities	<input type="checkbox"/> Therapy Solutions
<input type="checkbox"/> Other	<input type="checkbox"/> Horse Boots/wraps	
	<input type="checkbox"/> Easy-Up	

Application cannot be processed without a copy of your resale license.

Print Name _____

Signature _____

Date _____

Office Use only:

Account#	Credit Limit
-----------------	---------------------