

Outfitters Supply Wholesale Account Application

- 1 Name of Store: _____
- 2 Address: _____
City, State, Zip: _____
- 3 Telephone: _____ Fax: _____ Home/Direct: _____
Email: _____
- 4 Type of Business: ___ Corporation ___ Partnership
 ___ Sole Proprietorship ___ Sub S Corporation
- 5 Full Name(s) of Principal(s)/Owner(s):
_____ Social Security #: _____
_____ Social Security #: _____
- 6 Number of Years in Business: _____
- 7 Number of Branch Stores: _____ Address: _____
(If more than one please list them on the back or separate sheet)
- 8 Store Information: ___ Own ___ Lease Approx. Size: _____ sq. ft
- 9 Type of Store: ___ Saddle & Tack Shop ___ Western Wear Store
 ___ Feed Store ___ Other: _____
- 10 Local Bank Reference:
Bank Name: _____ Address: _____
City, State, Zip: _____ Phone #: _____
Name of Officer to Contact: _____ Account #: _____
- 11 List of Suppliers (please list at least four)
- | | |
|----------------------|----------------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City, St, Zip: _____ | City, St, Zip: _____ |
| Phone: _____ | Phone: _____ |
| Fax: _____ | Fax: _____ |
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City, St, Zip: _____ | City, St, Zip: _____ |
| Phone: _____ | Phone: _____ |
| Fax: _____ | Fax: _____ |
- 12 **NOTE: Unsigned applications will not be processed.**
Signature: _____ Title: _____
Print Name: _____ Date: _____

FOR INTERNAL USE ONLY:

Credit Approval: _____
Terms: _____



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