

Outfitters Supply Dealer Account Application

- 1 Name of Company: _____
- 2 Address: _____
City, State, Zip: _____
- 3 Telephone: _____ Fax: _____ Home/Direct: _____
Email: _____
- 4 Type of Business: Corporation Partnership _____ Other (specify)
 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 Business: 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 Signature: _____ Title: _____
Print Name: _____ Date: _____

**Fax completed form to (406) 892-4234. Unsigned applications will not be processed.
All information must be completed, even if you will be paying by credit card.**

FOR INTERNAL USE ONLY:

Credit Approval: _____
Terms: _____



Outfitters Supply Inc.
7373 Hwy 2 East
Columbia Falls, MT 59912
Phone: 888-467-2256
Fax: 406-892-4234