

10 FINEGAN RD **DEL RIO, TEXAS, 78840** 1-800-687-7624 FAX: 830-778-6019

## **DEALER APPLICATION**

<b>BUSINESS INFORMATIO</b>	N	I
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	FORMATION						
	N BUSINESS:						
	ESS:						
	STATE:						
	A ADED						
			*PLEASE PROVIDE A COPY OF RETAIL MERCHANT CERTIFICATE				
			SOCIAL SECURITY#:				
	UYERS:						
	SINESS:				<u> </u>		
	OLESALE OR RETAIL:						
	BER OF SADDLES ON FLOOR:				WD VOE		
INTERNET (on-li	ne store) WEB ADDRESS:			ACTIVE S	SINCE:		
TYPE OF PA	YMENT PREFERRED PLEASE CHE	ECK ONE					
□ NET 30 DAYS	□ C.O.D. – Company Check or Mor	ney Order Only	□ VISA	□ MASTER CARD	□ AMERICAN EXPRESS		
CREDIT CARD #	ē			EXPIRATION DA	ГЕ:		
			PHONE #: PHONE #:				
ACDEEMEN	T PLEASE READ CAREFULLY, SIGN AN	ID DATE					
	onsideration for goods and merchandise sold to		DLERY L.L.C., I agi	ree to the following conditions a	and terms.		
	I agree to pay the full amount of purchases from date of shipment by ALAMO SADDI		DLERY STANDAR	D TERMS OF NET 30 days			
	I understand that a FINANCE CHARGE OF 1-1/2% per month (18% per annum) will be added starting the 31st day following the date of each invoice if the invoice is not paid by me.						
	I agree to allow ALAMO SADDLERY to contact my trade references in determining dealership and/or an appropriate line of credit.						
	SADDLERY after this date, either at my re irrevocably the prompt and immediate payr at its offices located at P.O. Box 1407, Del	an exchange for ALAMO SADDLERY extending credit to me, for all goods and merchandise invoiced by ALAMO ADDLERY after this date, either at my request or my agents, I hereby personally guarantee unconditionally and revocably the prompt and immediate payment of any outstanding amount owed to ALAMO SADDLERY L.L.C., it its offices located at P.O. Box 1407, Del Rio, TX 78841 for the sale or delivery of goods and herchandise whether these amounts are or will be due to ALAMO SADDLERY under open account, contract, or therwise.					
	gree that all invoices and statements will be sen ttension of time for payment to ALAMO SADI		illing address provide	d. The undersigned guarantor fu	urther waives demand, notices of		
AUTHORIZED SI	IGNATURE:			DATE			