

New Account Application

Date: _____ Contact Name: _____

Business Name _____

Bill to Address _____

Ship to Address _____

City _____ State _____ Zip _____

Business Phone (_____) _____ Fax (_____) _____

E-Mail _____

Web Site _____

____ Number of Employees ____ Number of Sales Reps ____ Number of Store Locations ____ Years in Business

How did you hear about Leather Brothers? *(please indicate source if known)*

____ Personal Contact ____ Trade Show ____ Internet ____ Distributor ____ Sales Rep ____ Other

Type of Company? ____ Corporation ____ Partnership ____ Sole Proprietor ____ Other

Primary Business *(please check just one)*

____ 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 Resale Tax # _____

Do you need a catalog and price list? ____ Yes ____ No

Do you want to be set up to order online? ____ Yes ____ No

Payment Terms: What type of terms are you interested in?

____ COD/Business Check ____ Open Account ____ Credit Card ____ Wire Transfer

For Office Use Only: ____ Order Received - attached



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