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Dealer/Retailer Data Sheet

Taken By: _____

Date : _____

Account Type: (circle one) / Retailer / Chain / Superstore / Vet / Mobile Unit / Catalog / Website

Business Name: _____	
Street Address: _____	
City: _____	State: _____ Zip: _____
Phone #: _____	800 #: _____ Fax #: _____
E-mail: _____	Web Site: _____

Primary Contact: _____	Secondary Contact: _____
Position: _____	Position: _____
Phone/Ext. #: _____	Phone/Ext. #: _____
Other Locations (if any): _____	
Phone #: _____	Fax #: _____

Which Distributors Serviced By: 1). _____	Ph #: _____
2). _____	Ph #: _____
3). _____	Ph #: _____

How did you here about Equilite?: _____

Tax / Resale Certificate #: _____	
Credit Card #: _____	CVV2 (Sec. Code): _____ Exp.: _____
Name on Card: _____	
<i>For internal purposes:</i>	
Credit Application Sent (Date): _____	Credit Application Approved (Date): _____

Primary Type of Business: (tack store, feed store, mobile unit) _____

Number of Employees?: _____ Years in Business?: _____

Please supply Equilite with a photograph of your store front or mobile unit. Photo Rec. (Date): _____

Breeds/Disciplines/Customer: _____
What Supplements Presently Carry: _____