



Montana Pitch-Blend Products
All-Natural Handcrafted Leather Treatment Products
P.O. Box 1611, La Pine, OR 97739-1611
Toll-free Phone: 800-728-0970 · Fax: 541-536-2929 · mtpb@twopeaks.net

Retailer Application for Wholesale Dealer Account

If you are a Retailer and would like to apply for a Wholesale Dealer account with us, we ask that you kindly complete and fax or mail the following application back to us for consideration. All applications are given immediate attention and once approved you will receive a Wholesale Catalog via email or mail so that you can order as soon as you desire. Phone orders are also available immediately upon approval if you're in a particular hurry. If you have any questions, please don't hesitate to ask. We are here to serve you and your customers and we value your business! Thank you! ~ Montana Pitch-Blend Products

Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

(if different from owner) Your Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ (U.S. only)

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ (U.S. only)

Check here if business location is a residence:

Business Phone: (\_\_\_\_) \_\_\_\_\_ Email (primary): \_\_\_\_\_

Toll-Free Phone: (\_\_\_\_) \_\_\_\_\_ Email (secondary): \_\_\_\_\_

Business Fax: (\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

· State Sales Tax or Reseller's Number: \_\_\_\_\_

· Federal Employer's ID Number: \_\_\_\_\_

· State Employer's ID Number: \_\_\_\_\_

· City or County Business License Number: \_\_\_\_\_

Business ownership: (check one)

Sole Proprietorship  Partnership  Corporation (\_\_\_\_c-corp, \_\_\_\_llc, \_\_\_\_sub-s)

Business type: (check all that apply)

Retail Store  Mail Order Catalog  Online Catalog  Mobile Shop\* \*must provide photograph
 Other (please specify): \_\_\_\_\_

Business location: (check one)

Rural  Suburban  Metropolitan

Approximate square footage: \_\_\_\_\_

Length (if mobile unit): \_\_\_\_\_

Products Sold/Services Offered: (check all that apply)

- Boots,/Shoes       Saddles/Tack       Saddle repair       Motorcycle goods
- Boot/Shoe repair       Bowhunting goods       Hunting goods       Sporting goods
- General store goods       Leather repair or Custom Leather work
- Other (please specify): \_\_\_\_\_

Do sales representatives call on you?       Yes  No

Please provide the name and phone number of one of your current reps:

Rep name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Major line(s) represented: \_\_\_\_\_

Please list four of your principle suppliers (manufacturers and/or distributors):

Company	Contact Name	Phone Number
1. _____	_____	(____) _____
2. _____	_____	(____) _____
3. _____	_____	(____) _____

Do you have a listing in the Yellow Pages?       Yes  No

Do you advertise in local or national publications?       Yes  No

If yes, please include a copy of your Yellow Pages listing and/or advertisement

Do you make the majority of the buying decisions?       Yes  No

If not, who does?

Buyer: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

**FINAL STEP TO SUBMIT APPLICATION:**

Please include two (2) or more of the following:

- City/county business license
- State sales tax/resellers permit
- Federal Employer's Identification Number (\*)
- Catalog, if applicable
- Yellow Pages listing/advertisement
- Recent advertisement, including name and date of publication
- Photograph of store, mobile unit or business sign (required for mobile unit/business)
- Business card (\*)

\* If Federal Employer's ID number and business card are submitted as two of the items, please send 3 total items to us, thank you

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* FAX OR MAIL THIS APPLICATION WITH ITEMS ABOVE \*\*\*

(Note: This is not a credit application - If credit terms are desired, please contact us for separate app.)