



EUROPEAN  
SADDLERY  
ASSOCIATES

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Grand Island, NY, 14072  
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[www.foxrunhorseproducts.com](http://www.foxrunhorseproducts.com)

### Dealership Application

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

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Bus: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Proprietorship

Partnership

Incorporation

\_\_\_\_\_  
*(name of owner)*

\_\_\_\_\_  
*(name of partner)*

\_\_\_\_\_  
*(name of partner 2)*

Tax ID# \_\_\_\_\_ Date Business Started \_\_\_\_\_

Business Operated: Full Time Part Time Mobile Unit

Bank handling your company account:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip \_\_\_\_\_

I certify that all the above information is correct: \_\_\_\_\_

Signature

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

Please list (4) major suppliers in the industry from whom you are purchasing on open terms.

Please **DO NOT** give **TOLL FREE** numbers, Regular phone & fax numbers only.

Name _____ Address _____ City, State _____ Phone _____ FAX _____	Name _____ Address _____ City, State _____ Phone _____ FAX _____
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For initial order: COD \_\_\_\_\_ PREPAID \_\_\_\_\_  
OR prefer to wait for terms to be set up \_\_\_\_\_

If prepaid please add Visa or Mastercard # \_\_\_\_\_ Exp \_\_\_\_\_