



371 N. Bilhen ST. Troy, NC 27371
Ph: 910.576.8225 Fax: 910.572.3280
DEALER APPLICATION

* REQUIRED INFORMATION

*Company Name: _____

*Contact Name: _____

*Business Address: _____

*City _____ *State _____ *Zip _____

*Phone: _____ Fax: _____ *Email _____

*TYPE OF BUSINESS (PLEASE CHECK ALL THAT APPLY)

- RETAIL STORE FRONT RETAIL WEBSITE AUCTION HOUSE HORSE CAMP/CLUB

Website: _____

Date In Business: ____/____/____

*Tax ID Number _____ STATE REGISTERED _____

***Business References:** Give complete names and addresses of companies you are currently doing business with or have already applied to do business with. *Application will not be processed without these references.*

Name: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Name: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Name: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Name: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Please submit photos of business with this application.

By submitting this application I acknowledge:

I have read and agree to Shiloh Stables and Tack, INC. terms & conditions and if approved I will be subject to a first time purchase amount of \$1,000.00 USD. I will be required to submit new customer forms to establish my billing account. If at any time I misrepresent my company, includ false information, false orders are submitted, or my account becomes past due, my account will be revoked. I hereby authorize Shiloh Stables and Tack, INC to investigate my listed references or other information given by me or any other person to credit my responsibility.

Signed _____
Date _____