



13833 Wellington Trace E4 #105 • Wellington Florida 22414 • 561-371-6687

Sale Agreement Form

Company Name: _____

DBA Name (store name): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail: _____

Website: _____

Type of business: ___ Tack Shop ___ Feed Store ___ Farrier ___ Veterinarian ___ Online ___ Other

Sales Tax, EIN or Retail License #: _____

--(In order to process your application PLEASE attach a copy of sales tax, EIN or retail license certificate.)--

Contacts:

Buyer: _____ Accounts Payable: _____

Owner / Partner / Officer

Name: _____ Title: _____

Signature: _____ Date: _____

I certify that the above information is correct.

Preferred method of contact: ___ E-mail ___ Phone

Best time to contact: _____

This application does not establish a credit account. To apply for credit terms, please call (561)-371-6687.