



# DEALER APPLICATION

P.O. BOX 71899 CHATTANOOGA, TENNESSEE 37407  
 1001 EAST 37TH STREET  
 FAX: 423-867-5889 PHONE: 423-867-1143 PHONE: 800-251-7288

DATE \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION**

NAME OF STORE

CUSTOMERS NAME (Please Print)

BILLING ADDRESS

CITY

STATE

ZIP CODE

SHIPPING ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

HOW LONG IN BUSINESS

TYPE OF BUSINESS (Wholesale - Retail)

TAX NUMBER (Enclose a Copy of Tax Certificate)

INCORPORATED (Send Financial Statement)

HAVE YOU EVER DONE BUSINESS WITH AMERICAN SADDLERY CO. INC. or BIG HORN?

HOW LONG AGO?

SPECIAL SHIPPING INSTRUCTIONS

WILL YOU ACCEPT BACK ORDERS?

WILL YOU ACCEPT SUBSTITUTIONS?

(Substitutions Will Be Made Unless Otherwise Specified)

EMAIL ADDRESS

## TRADE REFERENCES

**PLEASE GIVE AT LEAST FOUR**

The Action Co.  
 Baily Hat Co.  
 Blue Bell, Inc.  
 Blue Ribbon  
 Champion Western  
 Circle Y  
 Colorado Saddlery  
 Crates Leather  
 Dan's Saddlery  
 Dakota Saddlery

Durango Boot  
 Hermann Oak Leather  
 Jack's Tack (J.T. Int.)  
 Justin Companies  
 Karman Western  
 Levi-Strauss  
 MacPhearson Leather  
 Miller Western Wear  
 Minnetonka Moccasin  
 Montana Silversmith

Ozark Leather  
 Richmond Saddlery  
 Schutz Brothers  
 Simco Leather  
 Tex Tan  
 Texas Boot  
 Texas Saddlery  
 Weaver Leather  
 Wrangler  
 Wickett & Craig

**OTHER REFERENCES NOT LISTED** (Please Give Address and Telephone Numbers)

Name

Address

Phone


**•• MUST COMPLETE BOTH SIDES ••**

# DEALER AGREEMENT

In exchange and consideration for all goods, merchandise and/or materials sold to me by AMERICAN SADDLERY CO., INC., I hereby agree to the following terms and conditions:

- (1) I will pay the full amount of all purchases on terms from the date of each invoice.
- (2) If I do not pay the full amount for all purchases from AMERICAN SADDLERY CO., INC., on terms, then I am to be charged a FINANCE CHARGE of 1 1/2% per month (18% per Annum) beginning on the 31 st day following the date of each invoice.
- (3) I further authorize AMERICAN SADDLERY CO., INC., to investigate my prior credit history.
- (4) In consideration of AMERICAN SADDLERY CO., INC., extending credit to me,

\_\_\_\_\_ the undersigned, for all goods, merchandise and/or materials after this date at my request or my agents, I, the undersigned, hereby personally guarantee unconditionally and irrevocably the prompt and immediate payment of any sums now or hereafter owed AMERICAN SADDLERY CO., INC., at its office in Chattanooga, Hamilton County, Tennessee, for the date or delivery of goods, merchandise and/or materials, whether said sums are or will be due AMERICAN SADDLERY CO., INC., under open account, contract, or otherwise.

It is understood and agreed that any credit extended will be on a continuing basis and AMERICAN SADDLERY CO., INC., will not be obligated to personally notify the undersigned guarantor of the dates or amounts of such credit. All invoices and statements will be mailed to the "billing address" listed. The undersigned guarantor further waives demand, notice of default and any extension of time for payment or other forbearance by AMERICAN SADDLERY CO., INC.

THIS GUARANTY SHALL continue in force until notice in writing, sent by registered or certified mail, return receipt requested, is received by AMERICAN SADDLERY CO., INC., Chattanooga, Tennessee, Attention: Credit Manager. Said notice is to specify the date on which the Guaranty is to be terminated, said date not to be less than 15 days after the described notice received.

I HAVE READ THIS CONTRACT AND I UNDERSTAND IT

Date: \_\_\_\_\_ OWNER SIGNATURE \_\_\_\_\_

Witness: \_\_\_\_\_ OWNER SIGNATURE \_\_\_\_\_

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## PERSONAL GUARANTEE

I \_\_\_\_\_ hereby agree to assume full responsibility for and personally guarantee full and prompt payment of any and all liabilities incurred by \_\_\_\_\_ in connection with all credit transactions on behalf of such business with (client) \_\_\_\_\_.

Home Address \_\_\_\_\_

SS# \_\_\_\_\_ Home Phone: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

**•• MUST COMPLETE BOTH SIDES ••**