

MONTANA LEATHER COMPANY

RETAILER QUALIFICATION FORM

THIS IS NOT A CREDIT APPLICATION

We require potential dealers to qualify for wholesale prices by completing and returning this form with supporting materials. By utilizing this process, we keep our account list clean and, most importantly assure our dealers that they are not competing with consumers masquerading as businesses. We regret that this action has become necessary but trust that the effort is appreciated by retailers large and small, all of whom benefit.

IMPORTANT: We seek confirmation for the information you have provided

**** Application must completed entirely in order to process ****

Business Name: _____

Owner's Name: _____

Your Name (If different from owner): _____ Position: _____

Mailing Address: _____
Street Number/ P.O. Box City State Zip

Physical Address: _____
Street Address City State Zip

Business Phone Number: () _____ Check here if same as home phone _____

Toll-free Phone: () _____ Fax: () _____

E-mail: _____ Web page URL: _____

Number of Employees (including yourself): _____ Number of years in business: _____

Business is set up as: (X one) _____ Sole Proprietorship _____ Partnership _____ Corporation

Business is (X all that apply):

_____ Store Front _____ Mail Order Catalog _____ On-Line Catalog _____ Mobile Shop

_____ Other (Business is in home, etc. Please specify.) _____

Store's approximate square footage: _____ If store is mobile unit, length of unit: _____

If mail order catalog, size of mailing list: _____

Business Location: (X one) _____ Rural _____ Suburban _____ Metropolitan

Sales Tax #: _____ Federal Empl ID #: _____

State Empl. ID#: _____

Type of products stocked and/or services offered (X all that apply):

_____ Bowhunting Equip _____ Firearms _____ Hunting Equipment _____ Sporting Goods

_____ Saddles & Tack _____ Motorcycle Leathers _____ Boots and/or Shoes

_____ Paste Leather Conditioners _____ Liquid Leather Conditioners

_____ Water Repellent Treatments _____ Saddle Repair _____ Leather Repair

_____ Boot and/or Shoe Repair _____ Other: _____

Do sales representatives presently call on you? _____ Yes _____ No

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

1. _____ () _____

Rep Name

Area Code + Phone

Major line represented

Who are your principle suppliers (manufacturers and distributors)? Please list four:

(Please include business name and phone number with area code)

- 1. _____ () _____
Company name Contact Name Area code + phone
- 2. _____ () _____
Company name Contact Name Area code + phone
- 3. _____ () _____
Company Name Contact Name Area code + phone
- 4. _____ () _____
Company Name Contact Name Area code + phone

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

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

Do you advertise in local or national publications? _____ Yes _____ No

If yes, please include a copy of one of your advertisements.

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

If no, who does? _____ () _____
Buyer's Name Phone (if different from yours)

Business Name & Address (if different) _____ City _____ State _____ Zip _____

IMPORTANT !

Please sign below and include at least two of the following:

Note: We seek confirmation by the appropriate state agency for the information which you provide, including sales tax number, resale certificate, business license, etc.

X All items enclosed

- _____ Business card
- _____ Copy of city/county business license
- _____ Copy of notice of Federal Employer Identification Number
- _____ Copy of State Sales Tax permit
- _____ Copy of notice of State Employer Identification Number
- _____ Copy of State resale certificate
- _____ Copy of catalog, if business is mail order company
- _____ Copy of Yellow pages listing or ad and/or other recent advertisement
- _____ Photo of outdoor business advertising sign, store or shop, or mobile unit

Signature: _____

Please return completed form and accompanying materials to:
Montana Leather Company, Inc.
P.O. Box 394
Billings, MT 59103
406-245-4109 (Fax)
1-800-527-0227