



4310 Industrial Road – Durant, OK 74701  
 P.O. Box 145 – Durant, OK 74702  
 PHONE: 1-866-924-7979 or (580) 924-7979  
 FAX: 1-866-737-7900 or (580) 924-7900  
 Website: www.ahequine.com

**Complete the information below for consideration of open terms.  
 SIGNATURES REQUIRED IN ANY EVENT.**

\*Company: Date: [Click here to enter a date.](#)

\*Mailing address:

\*Shipping address:

\*City, State, Zip:

\*Phone: \*Fax:

\*Email \*Web site:

\*Name of principal \*Buyer:

Corporation  Partnership  Sole Proprietorship \*Date business established:

\*Tax ID number: \*State: \*Annual sales:

\*Type of Business:  Retailer  Wholesaler  Manufacturer  Catalog  
 Internet  Store front  Tack Trailer  Other

\*What is the nature of your business \*Hours:

\*Do you belong to a buying group? [Choose an item.](#) \*Which one?

\*Where are you located:  Commercial district  Residential  Rural Residential

\*Number of locations: \*Do you currently carry our products [Choose an item.](#)

\*List your current product suppliers:  
 Saddles  Strap goods  Hardware  Bits & spurs  Accessories

\*Indicate your average tack inventory (not including saddles) \$

\*Indicate estimated annual tack purchases (not including saddles) [Choose an item.](#)

\*Product interest  Full Line  Hardware  Stable & Grooming  Bits & Spurs

Special Items:



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**Company**

**BANK INFORMATION:**

Name of Bank: \_\_\_\_\_ Account # \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax # \_\_\_\_\_

**TRADE REFERENCES**

1. Name \_\_\_\_\_ Fax# \_\_\_\_\_

2. Name \_\_\_\_\_ Fax# \_\_\_\_\_

3. Name \_\_\_\_\_ Fax# \_\_\_\_\_

**CREDIT CARD INFORMATION**

Name on card: \_\_\_\_\_

Billing address \_\_\_\_\_

Card Type Choose an item. \_\_\_\_\_ Card # \_\_\_\_\_

Expiration Date Click here to enter a date. \_\_\_\_\_ CVC# \_\_\_\_\_

**UPS Shipping #**

**Terms:** All purchase, regardless of terms applied, are due and payable based on the date of the invoice, and not the receipt of merchandise. Accounts more than 60 days past due will be put on credit hold. Accounts with a history of slow pay or bad checks, will be converted to cash in advance, COD with cashier's check, open terms revoked. ALL DISCREPANCIES MUST BE REPORTED WITHIN 10 DAYS OF RECEIPT OF ORDER.

We the undersigned, hereby certify that the statements made here are an accurate reflection of the condition of the business, and jointly and severally personally guarantee payment of any amounts due and owing by the applicants, or the business, of goods previously delivered to the applicant or to the above trade name. This Guarantor shall be responsible for all billing costs of collection, including reasonable attorney's fees incurred in the collection of unpaid balances. Guarantor shall be deemed primarily liable for the debt herein and may be named individually and/or jointly with any other parties, responsible for the sums referenced herein. We will personally notify American Heritage Equine in writing if there is any major change in the management or financial condition of the firm. We give our permission to American heritage Equine and/or it's agents to verify and /or supplement the information stated herein. No credit will be granted prior to the receipt of a signed Credit Application. We have read and understand the above credit terms and agree to abide by them.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Application must be signed by owners, partners, or officers shown above – not an employee**  
**SIGNATURES REQUIRED TO PROCESS AN ACCOUNT**