

Dealer Application



Please complete and return this form. A Wholesale Price List will be sent upon activation.
Email completed form to info@kelleyandcompany.com or FAX to (937) 767-9150.

Company Name _____

Trade Name or DBA (if applicable): _____

BILL TO Street Address _____

City _____ State _____ Zip _____

SHIP TO Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____ Website _____

Type of Organization Corporation LLC Partnership Sole Proprietorship

Retail Tax ID Number _____ Federal Tax ID # or SSN _____

Date Opened _____ # of Employees _____ Facility Size _____ # of Locations _____

Internet Sales Yes No Mobile Unit Yes No

Principal _____ Title _____

Street Address _____

City _____ State _____ Zip _____

Principal _____ Title _____

Street Address _____

City _____ State _____ Zip _____

Payment Preferences (If you would like your initial order to ship immediately, please provide credit card information)

Person Responsible for Accounts Payable _____

Net 30 ACH CC # _____ Exp. Date _____

Please fill in Trade Reference information below, including all fax numbers and available account numbers

1. Name _____ Account Number _____

Telephone _____ Fax _____

2. Name _____ Account Number _____

Telephone _____ Fax _____

3. Name _____ Account Number _____

Telephone _____ Fax _____

4. Name _____ Account Number _____

Telephone _____ Fax _____

Continued on back.

Dealer Application Continued



*Order minimum is \$350. Orders under \$350 will be subject to a \$15 Service Charge.

I, _____, authorize Kelley and Company to contact the trade references listed above regarding my/our credit standing and payment history. I understand that Kelley and Company will use this information in determining eligibility for credit with their organization.

Signature _____ Title _____ Date _____

General Terms and Conditions

I certify that all of the information in this form is correct. The undersigned guarantees fully, without reservation or offset, that bills and debts will be paid when rendered and according to the terms of sale that are extended. In the event that payment is not made and your account is referred to a collection agency, you will pay applicable costs and reasonable attorney fees resulting from such action.

Signature _____ Date _____

HOW DID YOU HEAR ABOUT US?

Online Other _____

TYPE OF BUSINESS: (Check all that apply)

- Equine Pet Brick & Mortar (# of locations) _____
- Online Store (list website) _____
- Mobile Farrier Resort/Bed and Breakfast
- 3rd Party Reseller (if so, please list which platform) _____
- Other (details) _____

TYPE OF PRODUCTS YOU SELL (Check all that apply)

- English Western Thoroughbred Racing Draft Pony
- Halters/Leads/Training Aids Health Care Leg & Hoof Care Horse Clothing
- Gloves Socks Apparel Spurs/Stirrups Dog Cat Gifts
- Stall/Stable Grooming Supplies Bats/Crops & Whips Construction
- Other _____

CUSTOMER BASE: (Where are your customers located?)

USA Canada Other _____

ACCOUNTS PAYABLE

INVOICES will be emailed or mailed (next business day (M-F) after each shipment is made.

Which method do you prefer?

E-MAIL invoices to _____ OR Mail invoices to billing address

ONLINE ACCESS TO WHOLESALE PORTION OF KELLEY AND COMPANY WEBSITE

(Review products, wholesale pricing, & place orders online)

To access to your account online at www.kelleyandcompany.com, please complete the following:

- 1) Email address to send initial log in instructions _____
- 2) Email address for order confirmations _____
- 3) Email address to receive invoices for payment _____