

Stirrups Clothing Company

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(Customer service) orders@stirrupsclimbing.com



DEALER APPLICATION *(all items must be filled out for application to be processed)*

Your company name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Store phone #: _____ Store fax #: _____

Owner's name: _____

Owner's E-mail address: _____

Buyer: _____

Buyer's E-mail address: _____

Accounts payable contact: _____

Acc. Payable E-mail address: _____

Hours of store operation: _____

Billing Address: _____

CC Account #: _____

Type of CC: Visa _____ MC _____ AMEX _____

Card Expiration date: ____/____/____ Card V-Code: _____

Name on credit card : _____

Federal Tax ID # : _____

Date business established: _____

Please e-mail or fax us a copy of this dealer application and a copy of your Re-Sale Certificate or W-9 form.

Comments

Signature of Officer: _____ Title: _____ Date: _____