

# World Class Equine

2378 Umpqua Hwy 99  
Drain, OR 97435

www.worldclassequine.com  
admin@worldclassequine.com



Phone: 541-679-2203  
Fax: 1-541-833-2198

# New Dealer Registration

**BUSINESS NAME** \_\_\_\_\_

**CONTACT NAME** \_\_\_\_\_ **JOB TITLE** \_\_\_\_\_

Ship To Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

**RESALE PERMIT NUMBER & STATE** \_\_\_\_\_

**TYPE OF BUSINESS:**

Tack Store       Mobile Tack       Feed Store       Trailer Dealer

Other: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT WORLD CLASS EQUINE?**

**WHAT TERMS WOULD YOU LIKE?**

Prepaid w/credit card (call WCE w/card information)       Net 30 days (include credit application)

*I am submitting the above confidential information for the purpose of opening a charge account with **World Class Equine**. I certify all the information provided in this form to be true and correct.*

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**PRINTED NAME & JOB TITLE:** \_\_\_\_\_

# WORLD CLASS EQUINE CREDIT APPLICATION

**BUSINESS NAME** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OWNER NAME** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_

**RESALE PERMIT NUMBER** \_\_\_\_\_

**YEARS IN BUSINESS** \_\_\_\_\_

## REFERENCES

**BANK** \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_

Contact Name \_\_\_\_\_

**TRADE ACCOUNT** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Account Number \_\_\_\_\_

**TRADE ACCOUNT** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Account Number \_\_\_\_\_

**TRADE ACCOUNT** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Account Number \_\_\_\_\_

*I am submitting the above confidential information for the purpose of opening a charge account with **World Class Equine**. I understand I am authorizing a representative of **World Class Equine** to check my credit and to receive information regarding my credit and banking history. I certify all the information provided in this form to be true and correct and accept the terms of net 30 days.*

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**PRINTED NAME & JOB TITLE:** \_\_\_\_\_