



## DEALER APPLICATION

### Business General Information

Company Legal Name		Trade Name or DBA (if applicable)		
Street Address				
City	State	ZIP	Email address	
Phone Number	Fax Number		Website Address	
Alternate SHIP-TO LOCATION (if above address is billing only)				

### Specific Information About Your Company

Retail	Wholesale	Mail Order			
Legal Status of the Business	Corporation	Sole Proprietorship	Partnership	LLC	Other
Federal I.D #	Resale (Business) Tax #	Number of employees			
Date Incorporated	State of Incorporation	Years at Present Location			
Business is	Store Front	Mobile	Other (Please explain) _____		
Names of persons authorized to place orders (others than principals):		1 - _____			
		2 - _____			

### Trade References (please provide 3 references - equine distributors or manufacturers only)

1 - Name	Contact Person	Phone Number
2 - Name	Contact Person	Phone Number
3 - Name	Contact Person	Phone Number



Brands		
Neue Schule	TailRX	Kathy Connelly Performance Collection

FOR OFFICE USE			
Approved by	Date	Declined	Reason: _____
Account #		Credit Line	
Open Account (Terms _____)		Credit Card	Cash in Advance
Credit Check Pending			

# PERSONAL GUARANTEE

## Business General Information

Company Legal Name

Trade Name or DBA (if applicable)

Street Address

City

State

Zip

Email Address

Phone Number

Fax Number

Website Address

Legal Status of the Business:

Corporation

Sole Proprietorship

Partnership

LLC

Other

Federal ID #

Resale (Business) Tax #

Date Incorporated

State of Incorporation

## Customer Agreement

In the event this account is delinquent and satisfactory arrangements have not been made for payment, all legal, attorney fees, and collection costs will be assumed by debtor. By applying for credit, being accepted and signing this application, I agree to the above terms and conditions. I also assume personal responsibility for payment of said corporation's account. It is understood that credit would not be extended to said corporation without this assumption liability. This guarantee and every part hereof shall extend to and be obligatory to my heirs, executors, administrators, and assigns and shall inure to the benefit of METLAR, LLC. Revocation of this guaranty takes effect thirty days after receipt of a certified letter, and does not change the liability for any purchases made prior to the revocation taking effect.

Name:

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

METLAR, LLC, 2248 Roanoke Avenue, Riverhead NY 11901, USA

Website: metlar-us.com T: 1-631-252-5574 F: 1-631-591-0559 E: dkula@metlar-us.com

## CREDIT CARD AUTHORIZATION FORM

Store Name		State	
Cardholder's Name	Mastercard	VISA	Amex
Card Number		Expiration Date	
Security Code <small>(VISA &amp; MC: last 3 digits printed on signature panel)                  (Amex: printed above the card #)</small>		Card Issuing Bank Phone Number <small>(Phone number is printed on back of card)</small>	
Billing Address			
City	State	Zip	Please check here if you would like this authorization to be effective on future orders
<p><b>Authorization:</b> I authorize METLAR, LLC to charge my card for order(s) / invoice(s). I agree to pay the credit charge(s) in accordance with the Card Issuer Agreement. I understand that there would be delay of shipment if the card declines or otherwise incurred difficulty during processing. Note: the signer of this statement MUST be the named cardholder.</p>			
Name:	Signature:	Date:	
_____	_____	_____	