

Western Legacy Sales, LLC - Dealership Application

Thank you for your inquiry to become a dealer!

Please send this application to: Western Legacy Sales, LLC, 6801 E. CR 405, Alvarado, TX 76009

Be sure to include the following:

- 1. A copy of your business license, retail certificate or business permit.
- 2. A copy of your letterhead, business card or advertisement

If you have questions, please contact us: Office - 817-790-7751 or Cell - 972-741-3513

Company Name: _____ **Date:** _____

Ownership _____ Corporation _____ Partnership _____ Proprietorship _____ Other: _____

Owners Name(s) _____

Description of business _____

At present location since _____ Year Established _____ Duns # _____

Type of Business:

Retail-Single Store _____ Retail-Multiple Stores _____ No. of Stores _____ Internet _____

Billing Address _____

City _____ State _____ Zip Code _____

Shipping Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

Website _____ Anticipated Purchases _____

Accounts Payable Contact _____ Phone _____

Authorized Buyer(s) _____

We accept all Master Card, Visa, Discover and American Express. Please provide Credit Card information below or complete credit information on the next page.

Credit Card Type: _____ Credit Card Number _____ Expiration Date: _____

Security Code - 3 Digits (Amex 4 digits) _____ Name on Card _____

Billing Address _____

Signature _____

REFERENCES: (Give only names of those you buy from on open account)

Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Contact _____

Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Contact _____

Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Contact _____

Your Bank _____ Account # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Contact _____

SALES & USE TAX CERTIFICATE

To: Western Legacy Sales, LLC
6801 E. CR 405
Alvarado, TX 76009

Date: _____

I certify that (Name of Firm or Buyer): _____ engaged in activities as a:

Wholesaler _____ Retailer _____ Manufacturer _____

Address: _____

City _____ State _____ Zip Code _____

Registration # or ID # _____

and is registered with the state of _____ within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of business.

This certificate shall be a part of each order, which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information in this form is true and correct as to every material matter.

Authorized Signature: _____ Title _____