



# WESTERN BORDER AND COMPANY,

## Wholesale Application Form

Thank for your interest in carrying Western Border products in your store! Please complete the form below and either email or fax us the application.

(email: [wholesale@westernborderandco.com](mailto:wholesale@westernborderandco.com) or Fax. 970 535-0767 (when using the fax, please call us at Tel. 970 779-0382, so we can switch the phone over to the fax ))

Name of Owner:

Store Name:

Phone:

Fax:

Website URL:

Email:

Time in Business:

Store Type:

Tax Id #

Shipping Address:

City:

State:

Zip:

Billing Address:

Country:

**We will also need a copy of your Resale Tax Certificate**

Would you like to subscribe to our newsletter, to be informed over new products or happenings.? YES or NO