



New Dealer Application Form - Arborist

In House Use Only

Account Number _____
Account Type _____
Date Approved ____/____/____
Approved By _____

Hello! Thank you for your interest in establishing an account with Weaver Leather. Please take a few minutes to complete the following information in its entirety and return it to us via fax or mail as soon as possible. Upon receiving, reviewing and approving your application, we will give you a Weaver Leather Account Number to use when ordering. Upon receiving your Weaver Leather Account Number, you may begin ordering from our catalog immediately. If you have any questions regarding this application, please call us at 800-932-8371 or 330-674-1782. Thank you.

Toll Free in the U.S. & Canada
Phone: **800-932-8371**
Fax: **800-693-2837**
www.weaverarborist.com
Local & International
Phone: 330-674-1782 • Fax: 330-674-0330
7540 CR 201, PO Box 68, Mt. Hope, OH 44660-0068

(Please type or print clearly in dark ink)

Business Name _____ Date _____
Owner Name(s) _____
Number of Employees (Including yourself) _____ Number of Sales Reps _____
Vendor License # _____ Corporation Partnership Proprietorship Federal ID# _____
Mailing Address _____
City _____ State _____ Zip _____
Shipping Address _____
City _____ State _____ Zip _____
Phone (_____) _____ Fax (_____) _____
E-Mail Address _____ Web Site Address _____

Have you ever purchased from Weaver Leather before? Yes No If so, when? _____
Under what name & address was your account listed? (If different from above)
Name _____ Address _____
City _____ State _____ Zip _____ Phone (_____) _____

Do you have a listing of your business in the local yellow pages? Yes No
Nature of Business: Wholesale Retail Storefront Mail Order Internet Other (Please explain) _____
Method of Distribution: Sales Reps Catalog Telephone Web Site Other _____
Store's approximate square footage _____ Store Hours _____
Years in business at this location _____ Years in business at previous location _____
Previous Address (if applicable) _____
City _____ State _____ Zip _____

Which Arborist Trade Markets, if any, have you attended in the past 12 months?
1) _____ 2) _____ 3) _____

Type of products you may be purchasing from Weaver Leather LLC: (Please check as many as are applicable)
 Positioning Saddles Pruner Pouches Throw Weights & Lines
 Scabbards, Sheaths Chain Saw Straps Axe Guards
 Climber Straps Tool Bags Loop Runners
 Climber Pads Rope Bags Other _____

Please estimate your average annual gross sales:
 Less than \$50,000 \$50,000 - \$99,999 \$100,000 - \$249,999 \$250,000 - \$499,999
 \$500,000 - \$999,999 \$1,000,000 - \$3,000,000 Over \$3,000,000

What other brand name lines do you carry? _____ / _____ / _____

What credit cards do you accept? Visa MasterCard Discover American Express



If you wish to establish Check Accepted or Open Account, please complete the Credit Application Form on the reverse side. Orders under \$500.00 may be sent Check Accepted. However, we need an approved Credit Application to process orders of \$500.00 or more on Check Accepted terms and to process all orders on Open Account terms. Otherwise, we will ship to your account on a Credit Card basis.