



Montana Pitch-Blend Products
All-Natural Handcrafted Leather Treatment Products
P.O. Box 1611, La Pine, OR 97739-1611
Toll-free Phone: 800-728-0970 · Fax: 541-536-2929 · mtpb@twopeaks.net

Application for U.S. Distributor Account

If you are a Distributor for retail stores and businesses and would like to apply for a distributor account with us, we ask that you kindly complete and fax or mail the following application back to us for consideration. (Please note: Only true "distribution companies" will be authorized for this type of account, which means that your primary business role is in the service and supply of retailers. All applications are given immediate attention and once approved you will receive a Distributor Catalog via email or mail so that you can order as soon as you desire. Phone orders are also available immediately upon approval if you're in a particular hurry. If you have any questions, please don't hesitate to ask. We are here to serve you and your customers and we value your business! Thank you! ~ Montana Pitch-Blend Products

Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

(if different from owner) Your Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ (U.S. only)

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ (U.S. only)

Business Phone: (\_\_\_\_) \_\_\_\_\_ Email (primary): \_\_\_\_\_

Toll-Free Phone: (\_\_\_\_) \_\_\_\_\_ Email (secondary): \_\_\_\_\_

Business Fax: (\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

· State Sales Tax or Reseller's Number: \_\_\_\_\_

· Federal Employer's ID Number: \_\_\_\_\_

· State Employer's ID Number: \_\_\_\_\_

· City or County Business License Number: \_\_\_\_\_

Business ownership: (check one)

Sole Proprietorship  Partnership  Corporation (\_\_\_\_c-corp, \_\_\_\_llc, \_\_\_\_sub-s)

Date Business Established: \_\_\_\_\_

Please define what customers you serve: (indicate % of business served)

Retailers and/or Manufacturers = \_\_\_\_%  Consumers who buy at retail prices = \_\_\_\_%

Other (please specify): \_\_\_\_\_ = \_\_\_\_%

Geographic Region(s) or State(s) served by your company: (check all that apply or specify)

- US (all regions)     US/east     US/central     US/west     International
- US/other: \_\_\_\_\_
- Other: \_\_\_\_\_

Products & Businesses Represented by your company: (check all that apply)

- Leather Care Products     Leather Finished Goods     Leather Materials & Supply
- Leather Repair Shops     Saddles/Tack     Western Wear
- Boots/Shoes     Motorcycle Goods     Boots/Shoes
- Hunting/Sporting Goods     General Store / Hardware
- Other (please specify): \_\_\_\_\_

Do you sell other brands of leather care lines?                      Y / N                      # of Lines? \_\_\_\_\_

What brought you to our all-natural leather treatment products?

Please cite 4 Retailers you presently serve:

	Store/Business Name	Contact Name	Phone Number
1.	_____	_____	(____) _____
2.	_____	_____	(____) _____
3.	_____	_____	(____) _____
4.	_____	_____	(____) _____

Please cite 4 Manufacturers whose products you presently represent:

	Company/Brand Name	Contact Name	Phone Number
1.	_____	_____	(____) _____
2.	_____	_____	(____) _____
3.	_____	_____	(____) _____
4.	_____	_____	(____) _____

**FINAL STEP TO SUBMIT APPLICATION:**

Please include two (2) or more of the following:

- City/county business license
- Federal Employer's Identification Number (\*)
- Catalog
- Yellow Pages listing/advertisement
- Recent Marketing Piece (brochure, web site page, trade publication ad, trade show listing, etc)
- Business card

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* FAX OR MAIL THIS APPLICATION WITH ITEMS ABOVE \*\*\*

(Note: This is not a credit application - If credit terms are desired, please contact us for separate app.)