

Montana Leather Company
2015 1st Ave North
Billings, MT 59101
(406) 245-1660
www.montanaleather.com

Wholesale Application (this is not a credit application)

We require potential dealers to qualify for wholesale prices by completing and returning this form with supporting materials. By utilizing this process, we keep our account list clean and, most importantly assure our dealers that they are not competing with consumers masquerading as businesses. We regret that this action has become necessary but trust that the effort is appreciated by retailers large and small, all of whom benefit.

IMPORTANT: We seek confirmation for the information you have provided, application must be completed entirely in order to process.

Business Name: _____

Owner's Name: _____

Mailing Address: _____

Street Number/P.O. Box	City	State	Zip Code
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Physical Address: _____

Street Address	City	State	Zip Code
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Business Phone Number: _____ E-Mail: _____

Web Page URL: _____ Years in Business: _____

Facebook URL: _____ Instagram URL: _____

Esty URL: _____

Business is set up as: _____ Sole Proprietorship _____ Partnership _____ Corporation

Purchaser's tax ID number: _____ State of Issue: _____ Country of Issue: _____

If no tax ID number, enter one of the following: FEIN #: _____

Driver's License #: _____ State-Issued ID #: _____ State of Issue: _____

Foreign diplomat #: _____

Certificate of Exemption
(if applicable)

Check if you are attaching the Multistate Supplemental Form
 If not, enter the two-letter abbreviation for the state under whose law you are claiming exemption

Purchaser's Type of Business – Circle the number that best describes your business.

- | | |
|---|-------------------------------------|
| 01 Accommodation & Food services | 11 Transportation & warehousing |
| 02 Agriculture, forestry, fishing, hunting | 12 Utilities |
| 03 Construction | 13 Wholesale trade |
| 04 Finance & insurance | 14 Business services |
| 05 Information, publishing & communications | 15 Professional services |
| 06 Manufacturing | 16 Education & health-care services |
| 07 Mining | 17 Nonprofit organization |
| 08 Real estate | 18 Government |
| 09 Rental & leasing | 19 Not a business |
| 10 Retail trade | 20 Other (<i>explain</i>) _____ |

Reason for exemption – Circle the letter that identifies the reason for the exemption.

- A Federal Government (*Department*) _____
- B State or Local Government (*Name*) _____
- C Tribal Government (*Name*) _____
- D Foreign Diplomat # _____
- E Charitable Organization # _____
- F Religious Organization # _____
- G Resale # _____
- H Agricultural Production # _____
- I Industrial Production/Manufacturing # _____
- J Direct Pay Permit # _____
- K Direct Mail # _____
- L Other (*Explain*) _____

- M Educational Organization # _____

Please provide a brief description of your Business:

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of Authorized Purchaser: _____

Print Name Here: _____

Title: _____ Date: _____