# BOOT BARN WORK COMMERCIAL ACCOUNT APPLICATION

# All sections must be completed

Date:				
Full Legal Name of Busine	ss Entity or Gov't Depa	artment:		
Phone Number:		_ Fax Number:		
Street Address				
City	State			
Billing Address (if different				
Street Address	Ci	ty	State	Zip Code
Email Address:	ddress: Web Address			
If Business is a subsidiary, N				
Name:				
City S	tate Zip Code			
Company Information				
In Business Since	Type of Busines	ss: Sole P	roprietorPar	rtnership
CorporationL.P	LLCMunicip	pality/Governm	ent	
Federal Tax ID Number:		Duns Num	ber:	
Business License:			S	tate:
Tax Exempt:Yes	No <b>If yes, please pro</b> v	vide copy of Tax	x-Exempt Certific	ate.

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<b>Contact Information</b>					
Person to Contact F	Regarding Sales/Pur	chasing/Safety:			
Phone Number		Email Address	Email Address		
Point of Contact for	Account :				
Name:		Position			
Phone Number		Email Address	Email Address		
Program Details					
Number of Employe	es with Company _				
Approximate Numb	oer of Employees usi	ng Program:	<del></del>		
Type of Industry / \	Work:				
Maximum Compan	y Contribution per p	urchase:	<del></del>		
Frequency ( Annual	, Semi Annual, Seaso	onal, Etc. )			
Product Categories, I	Requirements and Res	trictions:			
Work Boots	Apparel	Flame Resistant	Gloves	Boot Care	
<ul><li>Non-Safety Toe</li><li>Safety Toe</li><li>Met Guard</li><li>PR</li></ul>	Work Shirts Work Pants Outerwear Bibs/Coveralls	☐ Shirts ☐ Pants ☐ Outerwear ☐ Bibs/Coveralls	<ul><li>☐ Cutting Resistant</li><li>☐ Welding</li><li>☐ Work/Impact</li><li>☐ Ranch</li></ul>	<ul><li>☐ Waterproofing</li><li>☐ Boot Treatment</li><li>☐ Leather Care</li></ul>	
Other merchandises	:				
Specific Safety Req	uirements ( ASTM, A	NSI, OSHA, ESD, EH, Etc	e.)		
Other Merchandise	( Socks, Insoles, Etc	.)			
Store Locations					
Please indicate which	store(s) you would like	e to service your account:			
Please indicate which	store referred you:				



### All sections must be completed

In Store Payment Type (please select one)
☐ Boot Barn Produced Voucher (open or specific dollar amount)
☐ Employee Allowance Tracking Program (Paperless Voucher)
Payroll Deduct Voucher
Company Produced Voucher
☐ Company Produced PO
Company Issued ID
Company Provided Employee List
Special Instructions (Voucher must be authorized by a certain person, etc.)
Billing Information
Person to Contact Regarding: Invoicing / Billing ( If different from purchase contact )
Phone Number:
Email:
Online Portal (Contact/Login) : Portal Name / Administrator / Phone
Payment Options:
☐ Check
ACH/Wire Transfer (Please Request ACH Form)
☐ Credit Card* (Please request Credit Card Authorization Form) *3% Fee may apply
Additional Invoicing Instructions:



### All sections must be completed

### Please Attach:

Trade/ Credit Reference Sheet
Financial Report ( For Publicly Traded Companies )
Or Fill Out References Below.

Trade References: (Four Please)

1: Company		
Phone	Contact	
Email		(Required)
2: Company		
Phone	Contact	
Email		(Required)
3: Company		
	Contact	
4: Company		
Phone	Contact	
Fmail		(Required)



### All sections must be completed

Any and all sales of merchandise to Applicant shall be subject of the following terms and conditions:

- 1.Payment Terms: Payment Terms are displayed on each invoice. If payment is made after the due date, Boot Barn may impose a monthly finance charge at a rate equal to 5% of the unpaid balance of the invoice price per month, commencing thirty (30) days after the due date. Boot Barn shall also be entitled to its cost of collecting, including reasonable attorney's fees. Acceptance of such finance charge by Boot Barn shall not constitute a waiver of any other rights Boot Barn may have due to Buyers' non-payment.
- 2. Taxes: Buyer agrees to pay all federal, state, city and local use, sales, excise, receipts, and similar taxes applicable to the sale or use of the merchandise sold to Buyer. Upon request, Buyer shall provide to Boot Barn a copy of their Resale Certificate.
- 3.Boot Barn Commercial Accounts are not eligible to participate in the Boot Barn Rewards Program.

As an authorized representative of the applicant herein, I acknowledge and agree that the applicant shall be bound by the Terms and Conditions set forth above. Further, I authorize Boot Barn to obtain such credit information as is deemed necessary, including bank and trade references, to process this request for credit.

Signature:	Title:
Print Name:	Date:

Please do not hesitate to contact us if you have any questions at 346-330-0604

Please email your completed application to: bledet@bootbarn.com

## FOR BOOT BARN CA MANAGER ONLY

Verify Business License :	☐ YES	$\square$ NO
Verify Contacts, Phone Numbers, and Email Address.		
Purchase : YES Billing: YES	<ul><li>□ NO</li><li>□ NO</li></ul>	
Verify Web Address:	☐ YES	□NO
Additional Notes/Comments		