



HAWG HALTERS INC. DEALER APPLICATION

COMPANY INFORMATION-

Company Name _____

Contact Person _____

Street Address _____

City, State & Zip _____

Phone _____ Fax _____

OWNER INFORMATION-

Name(s) _____

Home Address _____

City, State & Zip _____

Phone _____ E-Mail _____

TRADE REFERENCES-

Company Name _____ Dealer # _____

Phone _____ Contact Person _____

Fax _____

Company Name _____ Dealer # _____

Phone _____ Contact Person _____

Fax _____

HAWG HALTERS, INC. DEALER APPLICATION CONTINUED

Trade References Continued-

Company Name _____ Dealer # _____

Phone _____ Contact Person _____

Fax _____

BANK REFERENCES

Bank Name _____

Phone _____ Contact Person _____

OWNERS Signature _____

Date _____

***PLEASE ATTACH AND PROVIDE US WITH THE FOLLOWING-**

- 1) A COPY OF YOUR BUSINESS LICENSE
- 2) CREDIT CARD AUTHORIZATION FORM
- 3) A COPY OF YOUR YELLOW PAGES AD
- 4) COPIES OF PHOTOGRAPHS SHOWING YOUR STOREFRONT
- 5) GEORGIA RESIDENTS ONLY- A COPY OF YOUR TAX RESALE CERTIFICATE

HOW DID YOU HEAR ABOUT US? _____





CREDIT CARD USE AUTHORIZATION FORM

LEGAL NAME OF BUSINESS OR INDIVIDUAL AUTHORIZING CHARGE
(IF CORPORATION, LIST FULL CORPORATION NAME)

PHYSICAL BUSINESS STREET ADDRESS:
(NO PO BOXES)

STATE: ZIP:

BUSINESS PHONE: FAX:

CREDIT CARD INFORMATION

VISA

MASTER CARD EXP DATE

NAME AS IT APPEARS EXACTLY ON THE CARD 3 DIGIT SECURITY CODE

SIGNATURE OF CARD HOLDER/ OR AUTHORIZED USER DATE

IN THE EVENT OF A NON-SUFFICIENT FUNDS CHECK RETURNED, THE CARDHOLDER AUTHORIZES USE BY HHI

STATEMENT BILLING ADDRESS

OFFICE USE ONLY

TRANSACTION DATE:

INVOICE # AMOUNT

PLEASE FAX COMPLETED FORM TO (706) 864-5843 THANK YOU