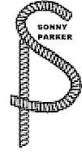




# PARKER ENTERPRISES



DBA  
PARKER HORSE EQUIPMENT  
PARKER CIVIL SERVICE/EMS  
PARKER SPORTING GOODS BAGS  
PARKER SCHOOL & ATHLETIC BAGS

## WEB DEALER APPLICATION

320 HIGHWAY 62/65 NORTH  
PO BOX 1777  
HARRISON, AR 72602-1777

FAX (800)798-9160  
E-MAIL: parkerems@windstream.net

KATHY PARKER  
GENERAL MANAGER  
PHONE (800) 851-5011

NO ORDERS WILL BE SHIPPED UNTIL DEALER  
APPLICATION IS RETURNED

COMPANY  
NAME: \_\_\_\_\_

PHONE#: \_\_\_\_\_

FAX # : \_\_\_\_\_

DATE: \_\_\_\_\_

BILLING ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SHIPPING ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YEARS IN BUSINESS:  
\_\_\_\_\_

TAX ID #  
\_\_\_\_\_

PAYMENT TERMS PREFERRED: COD \_\_\_\_\_ NET 10 \_\_\_\_\_ NET 30 \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

CREDIT CARD: VISA \_\_\_\_\_ M/C \_\_\_\_\_

**NAME AND ADDRESS OF OWNERS/PARTNERS:**

NAME/TITLE: \_\_\_\_\_

NAME/TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE#: \_\_\_\_\_ SSN# \_\_\_\_\_

PHONE# : \_\_\_\_\_ SSN# \_\_\_\_\_

NAME / TITLE OF PERSON REGARDING PURCHASE ORDERS: \_\_\_\_\_

NAME /TITLE OF PERSON REGARDING INVOICE PAYMENTS: \_\_\_\_\_

**BANK REFERENCES: ACCOUNT #, CONTACT, TITLE, PHONE# :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRADE REFERENCES: COMPANY NAME, CONTACT, ADDRESS, PHONE #**

*(IF YOU NEED MORE ROOM USE ADDITIONAL SHEETS)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE ABOVE INFORMATION IS SUBMITTED FOR THE PURPOSE OF OPENING AN  
ACCOUNT, AND I HERBY CERTIFY THIS INFORMATION TO BE TRUE.**

OWNERS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_