

BOOT BARN® WORK

COMMERCIAL ACCOUNT APPLICATION

All sections must be completed

Date: _____

Full Legal Name of Business Entity or Gov't Department: _____

Phone Number: _____ Fax Number: _____

Street Address _____

City _____ State _____ Zip Code _____

Billing Address (if different from above)

Street Address _____ City _____ State _____ Zip Code _____

Email Address: _____ Web Address _____

If Business is a subsidiary, Name of Parent Company, Street Address, City, State, Zip Code

Name: _____

Street Address _____

City _____ State _____ Zip Code _____

Company Information

In Business Since _____ Type of Business: ☐ Sole Proprietor ☐ Partnership

☐ Corporation ☐ L.P. ☐ LLC ☐ Municipality/Government

Federal Tax ID Number: _____ Duns Number: _____

Business License: _____ State: _____

Tax Exempt : ☐ Yes ☐ No **If yes, please provide copy of Tax-Exempt Certificate.**

For questions please contact: commercialaccounts@bootbarn.com

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Contact Information

Person to Contact Regarding Sales/Purchasing/Safety: _____

Phone Number _____ Email Address _____

Point of Contact for Account :

Name: _____ Position _____

Phone Number _____ Email Address _____

Program Details

Number of Employees with Company _____

Approximate Number of Employees using Program: _____

Type of Industry / Work: _____

Maximum Company Contribution per purchase: _____

Frequency (Annual, Semi Annual, Seasonal, Etc.) _____

Product Categories, Requirements and Restrictions:

Work Boots

- ☐ Non-Safety Toe
- ☐ Safety Toe
- ☐ Met Guard
- ☐ PR

Apparel

- ☐ Work Shirts
- ☐ Work Pants
- ☐ Outerwear
- ☐ Bibs/Coveralls

Flame Resistant

- ☐ Shirts
- ☐ Pants
- ☐ Outerwear
- ☐ Bibs/Coveralls

Gloves

- ☐ Cutting Resistant
- ☐ Welding
- ☐ Work/Impact
- ☐ Ranch

Boot Care

- ☐ Waterproofing
- ☐ Boot Treatment
- ☐ Leather Care

Other merchandise:

Specific Safety Requirements (ASTM, ANSI, OSHA, ESD, EH, Etc.)

Other Merchandise (Socks, Insoles, Etc.)

Store Locations

Please indicate which store(s) you would like to service your account: _____

Please indicate which store referred you: _____

For questions please contact: commercialaccounts@bootbarn.com

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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 invoices will be sent by email. Please send payment remittances to AR@bootbarn.com
For questions please contact: commercialaccounts@bootbarn.com

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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_____

Phone _____ Contact_____

Email _____ (Required)

4: Company_____

Phone _____ Contact_____

Email _____ (Required)

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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 877-857-9675 or
commercialaccounts@bootbarn.com or visit us at www.bootbarn.com/commercialaccounts

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

FOR BOOT BARN CA MANAGER ONLY

Verify Business License : ☐ YES ☐ NO

Verify Contacts, Phone Numbers, and Email Address.

Purchase : ☐ YES ☐ NO

Billing: ☐ YES ☐ NO

Verify Web Address: ☐ YES ☐ NO

Additional Notes/Comments