



P.O. Box 277  
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Fax 616.896.1987 Phone 616.896.0245

## NEW ACCOUNT INFORMATION

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*New Account Form for Dos Equine LLC (The Whip Clip™) Authorized Dealership*

Company Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name (if different) \_\_\_\_\_

Tax ID No: \_\_\_\_\_ Resale ID No: \_\_\_\_\_

Name(s) of Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Business Ph: \_\_\_\_\_ Home/Mobile Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Website Address: \_\_\_\_\_

How do you sell? (Check all that apply)

Retail Store     Internet Website     Catalog     Mobile Unit    Other: \_\_\_\_\_

Customer Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Comments: \_\_\_\_\_

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Signature

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Print Name & Title

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Date