

Wholesale

Application Form

Company Name: _____ Gov Tax ID#: _____

D/B/A: _____

Street Address: _____

Shipping Address: _____

Billing Address: _____

Shipping Contact Person: _____ Email: _____

Corp: Partnership: LLC: Sole/Individual Owner: Other:

Years In Business: _____ Type Of Business: _____ Store Front: Mail Order: Internet:

Business Phone: _____ Email: _____

Marketing Contact: _____ Marketing Email: _____

A/P Contact: _____ A/P Email: _____

How would you like to receive invoices: Email: Direct Mail:

Taxable: Y N If NOT taxable - a resale certificate must be attached to this application

Sales Tax ID#: _____

Names and Addresses of Officers, Owners or other Responsible Parties

Name: _____ Title: _____ Gov Tax ID _____

Address: _____

Name: _____ Title: _____ Gov Tax ID: _____

Address: _____

Have any principals named herein had, in the last fifteen years, a lawsuit, judgement, bankruptcy or other legal proceedings filed against them? Y N If Yes, Explain _____

Banking Information

Bank Name: _____ Bank Phone Number: _____

Contact Name & Title: _____

Trade References

List three trade references with whom you have had credit terms for a minimum of one year.

Company Name: _____ Location: _____ Account #: _____

Contact Name And Phone Number: _____

Company Name: _____ Location: _____ Account #: _____

Contact Name And Phone Number: _____

Company Name: _____ Location: _____ Account #: _____

Contact Name And Phone Number: _____

Terms

Prepay When Order Ships: _____ Or 30 Day Terms Requested: _____

For prepay orders, please provide the following information:

Name as it appears on the card: _____ Card #: _____

Expiration Date: _____ CVV#: _____ Authorized Signature: _____