



APPLICATION FOR WHOLESALE ACCOUNT

STORE NAME \_\_\_\_\_

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

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

RESALE # \_\_\_\_\_ YEAR BUSINESS STARTED \_\_\_\_\_

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

TYPE OF BUSINESS ENTITY:

\_\_\_\_\_ SOLE PROPRIETORSHIP

\_\_\_\_\_ PARTNERSHIP

\_\_\_\_\_ CORPORATION

\_\_\_\_\_ OTHER

TYPE OF ESTABLISHMENT: \_\_\_\_\_

NAME OF OWNER/PRINCIPAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

NAME OF BANK \_\_\_\_\_ ACCT # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_



REFERENCES OF PRINCIPAL SUPPLIERS

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

FIRST ORDERS: Generally take 3-4 weeks to check references and establish account. If you need your first order sooner we require pre-payment with a check or credit card for the amount of the order. **THANK YOU!** Interest will be charged for delinquent accounts and any collection fees will be added.

BUYERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PREPARED BY \_\_\_\_\_ TITLE \_\_\_\_\_