



Wholesale Account Application

Date _____

Company Name: _____

Billing Address:

Company Name: _____

Address: _____

City _____ State _____ Zip _____

Country _____

Shipping Address:

Bill to Address: same as above

Company Name: _____

Address: _____

City _____ State _____ Zip _____

Country _____

Phone # _____ Fax _____ Year Est. _____

Please check:

Sole Proprietorship Partnership Corporation Other (please explain) _____

Please check:

Brick & Mortar Online Store Events Other (please explain) _____

Authorized Buyers: _____

Website: www. _____

E-mail address: _____

Owner Information:

First Name: _____ Last Name: _____

Phone: () _____

Federal or EIN Number _____ Resale Number _____