



WHOLESALE ACCOUNT APPLICATION

Fax Application to:

BUSINESS CONTACT INFORMATION

Buyer Name:

Company Name:

Phone:

Fax:

E-mail:

Company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS TYPE

Retail Store:

Internet Retailer:

Distributor:

SHIPPING INFORMATION

Shipping Address:

City:

State:

ZIP Code:

Telephone:

Fax:

E-mail:

BILLING INFORMATION

Name on Credit Card:

Credit Card :

Exp:

Security Code:

DOCUMENTS REQUIRED

1. Copy of the Business License

2. Copy of State's Sales Tax Certificate

SIGNATURE

Title:

Date: