



Instructions: 1. Send a copy of sales certificate 2. Send a copy of proof of retail location address 3. Fill in application, scan and submit all documents

Wholesale - Reseller Application Form

Date: _____

Business

Business Name:			Phone#. ()		
Billing Address:			Fax#. ()		
City:	Country:	State:	Zip:		
Shipping Address (if different from billing):			Shipping Phone#. ()		
City:	Country:	State:	Zip:		
Contact Email address:		Web address:		UPS:	
Federal Tax ID (SS# Number if Sole Proprietor): _____ - _____			State of Incorporation:		# of Locations:
Business Open Date:	Length of Current Ownership:		Product / Service Sold:		

Ownership

First Name:		Last Name:		Title:	
Social Security Number: _____ - _____ - _____		Date of Birth: _____		Drivers License Number: _____	
State Issued:	% of Ownership:	Years at current address:	Check if you: Own Rent Lease		
Residence Address:		City:	State:	Zip:	
Phone#. ()		Mobile #: ()		Email:	

Trade References

Company:	Contact Name:	Phone#. ()
Company:	Contact Name:	Phone#. ()

Bank Reference

Bank Name:	Branch Address:	Contact Name:
Phone#. ()	ABA Routing #:	Account #:

Others

Check which channels do you plan to sell: Online (e.g Amazon.com) Retail Store Others: _____

The information contained in this reseller application is provided to us for the purpose of obtaining or maintaining an account with us for you. You understand that we are relying on this information in deciding to grant an account to you. You represent and warrant that the information provided is true and complete. You agree that we, our assigns, agents, or banks, are authorized to make all inquiries necessary to verify the accuracy of these statements and to determine your credit worthiness.

X _____
Signature

Title

Print Name