

Wholesale Customer Account Registration Form

Please complete all sections of this registration form in block capitals for physical submission and account setup.

Business Information

Registered Company Name:

Trade Name / DBA (if applicable):

Federal Tax ID / EIN:

Resale Certificate / State Tax Number:

Type of Business (e.g., Retailer, Distributor, Online):

Year Established:

Contact Information

Primary Contact Name:

Title/Position:

Phone Number:

Email Address:

Company Website:

Billing Address

Street Address:

Suite/Unit:

City:

State / Province:

Postal / Zip Code:

Country:

Shipping Address (If different from billing)

Street Address:

Suite/Unit:

City:

State / Province:

Postal / Zip Code:

Country:

Trade References

Reference 1

Company Name:

Contact Person:

Phone Number:

Email Address:

Reference 2

Company Name:

Contact Person:

Phone Number:

Email Address:

Authorized Buyers

Please list individuals authorized to place orders on behalf of this account:

Buyer 1 Name:

Buyer 2 Name:

Agreement & Signature

By signing below, the buyer certifies that all information provided in this registration form is true and correct, and agrees to the wholesale terms and conditions of sale.

Authorized Signature:

Printed Name:

Title:

Date (MM/DD/YYYY):