



# APPLICATION FOR WHOLESALE ACCOUNT

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Fax Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

(By providing your email address, we can send you periodic special offers and account information)

Federal Tax # \_\_\_\_\_ Soc.Sec.Number \_\_\_\_\_

Yrs. in Business: \_\_\_\_\_ Accounts Payable Contact \_\_\_\_\_

Legal Status: [ ] Proprietorship [ ] Partnership [ ] Corporation [ ] LLC [ ] DBA

## OWNERS (Owners, partners, officers and members)

Name: \_\_\_\_\_ Soc.Sec.No. \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Soc.Sec.No. \_\_\_\_\_

Address: \_\_\_\_\_

BY SIGNING BELOW, I HEREBY CERTIFY THAT I AM THE OWNER, GENERAL PARTNER OR PRESIDENT OF THE ABOVE BUSINESS, AND I DO UNCONDITIONALLY AND IRREVOCABLY PERSONALLY GUARANTEE THIS ACCOUNT AND PAYMENTS OF ANY AND ALL AMOUNTS DUE BY THE ABOVE BUSINESS, AND THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. (APPLICATION MUST BE FULLY COMPLETED, SIGNED AND WITNESSED).

X \_\_\_\_\_  
Witness

X \_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Print Name

(If Applicant is a partnership, then general partner must sign the application. If Applicant is a corporation, then President must sign the application).