



Acct#

APPLICATION FOR WHOLESALE BUSINESS ACCOUNT

Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone Number (____) _____ FAX Number (____) _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Company E-mail: _____

Web Address: _____

Table with 3 columns: Buyers Contact Names, Buyers E-Mail, Buyers Phone #

Company Organization: Corporation _____ Partnership _____ Individual _____

Type of Business: Rebuilder _____ Distributor _____ Supplier _____

Year Established: _____ Fed ID Number: _____

If California business, please supply resale number: _____

Shipping Method Preferred: UPS _____ Fedex _____ Ontrac _____ Other _____

Acct Preference: COD _____ Credit Card _____ Net 30 * _____

(*Please complete separate credit application for Net 30 accounts from website)

Credit Card: Type: Visa _____ MasterCard _____ American Express _____

Name on Card: _____

Number: _____

Exp ____/____ Security Code: _____

Authorized Signature _____

Ship COD if Card should fail? Yes _____ No _____

Business Owner Signature _____ Printed Name _____ Title _____ Date _____