



Wholesale Application

This form is an interactive pdf. Fill it out and use the button to email it or print and fax to (516) 706-0996.

**INTERNAL
USE
ONLY**

Approved On _____ MERCHANT ID # _____

Date _____

Contact Name _____

Contact Title _____

Business Name _____

Shipping Address _____

Billing Address _____

Physical Address _____

Primary Phone _____

Secondary Phone _____

FAX # _____

Email _____

Website _____

Fed Tax ID # _____

State Resale # _____

Preferred Contact Method email phone usps fax

Number of Employees _____

Number of locations _____

Nature of business
(type of goods sold) _____

Authorized Signature _____