

1444 Fortress Street, Chico, California 95973 • (530) 893-5209 • 1-800-442-0056 • FAX (530) 893-0204

## Request for Wholesale Pricing and Application for Credit

This entire form **MUST** be completed. Incomplete forms will not be processed.

**Terms**

Check here to establish Net 30 terms. Allow a minimum of 2 weeks to establish credit prior to shipping order.

**C.O.D.**

Check here if you will pay with a company check. A credit check will be performed.

**Credit Card**

Check here to pay with Discover, Visa, Mastercard, or American Express.

**C.O.D.**

Check here if you will pay with a certified check or cash.

**First-time Wholesale Order Pricing**

**First-time wholesale order - take 10% off retail price. Orders thereafter receive wholesale pricing.**

I have supplied proof of business with this form (business card, advertisement, etc).

### Company Information

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Website \_\_\_\_\_

Company is a (check appropriate box):  Corporation  Partnership  Proprietorship

Nature of business \_\_\_\_\_ Contact Name \_\_\_\_\_

DUNS Number \_\_\_\_\_ Business License Number \_\_\_\_\_

How many years has your company been in business \_\_\_\_\_ Annual Sales \_\_\_\_\_

*NOTE: All California companies will have to complete a separate Resale Tax Exempt Form.*

### Names of Corporate Officers or Partners

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

### Vendor References

**1.** Company Name \_\_\_\_\_ Nature of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**2.** Company Name \_\_\_\_\_ Nature of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**3.** Company Name \_\_\_\_\_ Nature of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Bank Information

Name of Bank \_\_\_\_\_ Phone \_\_\_\_\_

Account Number \_\_\_\_\_ Contact \_\_\_\_\_

*I (we) certify that the above information is correct. I (we) authorize the above companies to release the necessary information to complete this application.*

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**Transfer Flow office use only. Do not write in this space.**

Form complete Date \_\_\_\_\_

Resale # verified Initials \_\_\_\_\_

Proof of business is attached