

DATE:

FAX TO: 650.697.1748

ATTN: New Accounts



## Retailer Application Form

To establish a business relationship with us please fill-out the following application as complete as possible and fax to us along with your current State Resale License. We require one bank reference and four business references. Each reference should be active, open, and at least one year old. Initial orders can be charged to VISA or MasterCard. Please allow up to four weeks for approval of credit. Incomplete forms will take longer to process.

(Please print legibly.)

YOUR NAME \_\_\_\_\_

YOUR EMAIL ADDRESS \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

NAME OF PARENT COMPANY \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

PERSON TO CONTACT \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

STATE RESALE NUMBER \_\_\_\_\_

NO. OF YEARS IN BUSINESS \_\_\_\_\_

PREVIOUSLY OWNED BUSINESS? (circle one)      YES      NO

UNDER WHAT NAME \_\_\_\_\_

BANK NAME \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

BANK TELEPHONE NUMBER \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

TRADE REFERENCE #1      TRADE REFERENCE #2

NAME \_\_\_\_\_      NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_      TELEPHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_      FAX NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_      ADDRESS \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_      ACCOUNT NUMBER \_\_\_\_\_

TRADE REFERENCE #3      TRADE REFERENCE #4

NAME \_\_\_\_\_      NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_      TELEPHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_      FAX NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_      ADDRESS \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_      ACCOUNT NUMBER \_\_\_\_\_