

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 _____

ADDRESS _____ ADDRESS _____

ACCOUNT NUMBER _____ ACCOUNT NUMBER _____

TRADE REFERENCE #3 TRADE REFERENCE #4
NAME _____ NAME _____

TELEPHONE NUMBER _____ TELEPHONE NUMBER _____

ADDRESS _____ ADDRESS _____

ACCOUNT NUMBER _____ ACCOUNT NUMBER _____