



WHOLESALE CUSTOMER REGISTRATION

CUSTOMER NAME: _____

LEGAL BUSINESS NAME: _____

FULL BUSINESS ADDRESS: _____

RESALE TAX #: _____

TYPE OF BUSINESS: _____

STOREFRONT OR OTHER: _____

STORE WEBSITE/MEDIA LINK: _____

EMAIL ADDRESS: _____

BUSINESS #: _____

PRIMARY BUYER: _____ CELL#: _____

SECONDARY BUYER: _____ CELL#: _____

HOW DID YOU HEAR ABOUT US? _____

***Please provide a copy of your resale tax ID and driver's license. Thank you!**