







WHOLESALE ACCOUNT APPLICATION

Business Name			
BILL TO ADDRESS:			
Street Address	City	State	Zip
Years at this Address Teleph	none Fax	Email	
SHIP TO ADDRESS (IF DIFFERE	NT FROM BILLING):	Website	
Street Address	City	State	Zip
	Corporation	_ Incorporated L	ess than 12 Months
	Partnership	Individual	
Name of Owner or Principal			
Home Address	City	State	Zip
Home Telephone	Owner's or Principal's SSN	Company's F	EIN ID Number
Name of Authorized Buyer(s)			
BANK REFERENCE			
Bank Name	Telephone		
Address	City	State	Zip
Account Number(s)			









TRADE CREDIT REFERENCES

1.		2			
	Supplier			Supplier	
	Account Number			Account Number	
	Address (Line 1)			Address (Line 1)	
	Address (Line 2)			Address (Line 2)	
	Telephone			Telephone	
	Fax			Fax	
	Number of Years with Compa	ny		Number of Years with Company	
3.		3	3.		
	Supplier	_		Supplier	
	Account Number			Account Number	
	Address (Line 1)			Address (Line 1)	
	Address (Line 2)			Address (Line 2)	
	Telephone			Telephone	
	Fax			Fax	
	Number of Years with Compa	ny	-	Number of Years with Company	
ind all sub acc	lividual invoices. If the account is refe costs and expenses including attorney oject to a service/finance charge as stat	rred to a collection fees. All accounts v ed on each invoice. norize Bidwell Ciga	ag wit Ir r, l	ngness to pay in full within terms of sale on ency or attorney, the applicant agrees to pay h balances past due from date of terms are a submitting this Application to open an Inc. to contact bank and trade references listed Credit Card.	
Au	thorizing Signatory Signature			Date	
Printed Signatory Name			Title		

PLEASE NOTE: APPLICATION WILL NOT BE PROCESSED WITHOUT COPIES OF OCCUPATIONAL AND/OR TOBACCO LICENSES.