



# Wholesale Application Form

Welcome! We at Solid Oak, Inc. are pleased to know of your interest in becoming a reseller of our unique product collections. Our wholesale customers enjoy favorable pricing and fast order turnaround, as well as modest minimum order requirements. To help us serve you better, we need to know a little about your business.

Company Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: **Bill to:** \_\_\_\_\_ **Ship to:** (Check here if same as Billing) \_\_\_\_\_

City: \_\_\_\_\_

State or Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

email: \_\_\_\_\_ website: \_\_\_\_\_

telephone: \_\_\_\_\_ fax: \_\_\_\_\_

Business Type(s): Retailer Wholesaler Mail Order / Online Other \_\_\_\_\_

Primary Market(s): Crafts Toys Jewelry Other \_\_\_\_\_

Date Established: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

How did you hear about Solid Oak? \_\_\_\_\_

Which Solid Oak products are of particular interest to you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## BANK

## REFERENCES

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

City, State: \_\_\_\_\_ Telephone: \_\_\_\_\_

## TRADE *Please list 3 companies from which you purchase on a wholesale basis*

Company 1 Name: \_\_\_\_\_ Contact: \_\_\_\_\_

City, State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company 2 Name: \_\_\_\_\_ Contact: \_\_\_\_\_

City, State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company 3 Name: \_\_\_\_\_ Contact: \_\_\_\_\_

City, State: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please complete this form and return by email, fax or mail to:**

**Chris Servidio**

**SOLID OAK, INC**

**PO Box 2194, WESTERLY, RI 02891 U.S.A.**

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