



1110 Bonifant St. SUITE 200
 Silver Spring, MD 20910
 1-877-545-8585

Wholesale Application and Contact Information

COMPANY/ACCOUNT NAME: _____
Federal tax ID: _____
Tax Exempt: _____

<p>Name and Address for Billing:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p>	<p>Name and Address for Shipping:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>Purchaser Contact Information:</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p>Accounts Payable Contact Information:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Preferred email for invoices: _____

Our system default is to email invoices. If you prefer paper copy via mail, please contact us.

Payment Terms – select one

- Pre-Approved for Net 30 day Credit Terms** – Invoiced, payment made by check, credit card kept on file for invoices past due more than 60 days.
- Prepaying for orders with Credit Card** – Credit card on file, charged at time of order shipment, can use a different card at online check-out or at time of order.

Credit Card for Prepaying and for balances exceeding 60 days on Pre-approved accounts

Name on Credit Card: _____

Signature: _____ Date: _____

Position: _____

Card Type: VISA MC AMEX DISC

Credit Card Number: _____ Expiration Date: _____

CVV Number (3 digit security code or 4 digits for AMEX): _____

CREDIT CARD BILLING ADDRESS IF DIFFERENT FROM ABOVE:

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Have multiple shipping addresses? List them here:

SHIP TO INFORMATION (If applicable)

Company: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____
State: _____
Zip: _____
Phone: _____
Email: _____

Company: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____
State: _____
Zip: _____
Phone: _____
Email: _____

Company: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____
State: _____
Zip: _____
Phone: _____
Email: _____

Company: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____
State: _____
Zip: _____
Phone: _____
Email: _____