

HAMMERPRESS

NEW WHOLESALE ACCOUNT INFORMATION

STORE NAME _____ STORE ADDRESS _____ _____ CITY _____ STATE _____ ZIP _____ PHONE _____
BUYER NAME _____ EMAIL _____ PHONE _____
ACCOUNTS PAYABLE CONTACT NAME _____ EMAIL _____ PHONE _____
PREFERRED ADDRESS TO RECEIVE OCCASIONAL MAILERS <input type="checkbox"/> STORE <input type="checkbox"/> BILL TO <input type="checkbox"/> SHIP TO
<input type="checkbox"/> SAME AS STORE ADDRESS BILL TO _____ STREET _____ CITY _____ STATE _____ ZIP _____ ATTN _____
<input type="checkbox"/> SAME AS STORE ADDRESS SHIP TO _____ STREET _____ CITY _____ STATE _____ ZIP _____ ATTN _____