



Business Verification and Wholesale Application

The information on this form is to be used for opening a wholesale/business account with Trove LLC. In addition to this form, please submit a copy of your current sales tax license. The information on this form is for internal purposes only.

Business Information

Business Name: _____ Contact Name: _____
 Billing Address: _____ Description of Business: _____
 City: _____ State: _____ Zip: _____ Email Address: _____
 Phone: _____ Fax: _____ Website: _____
 Years in Business: _____ Web Store? yes no Physical Store? yes no # of Locations: _____

Shipping Information _____ (Check if same as Billing)

Shipping Address: _____ Contact Name: _____
 City: _____ State: _____ Zip Code: _____ Phone: _____

Sales Tax Information

I certify that the subject business qualifies as a Retailer Other (specify) _____

and is entitled to a sales tax exemption, being duly registered with the below jurisdiction(s);

City or State: _____ State Registration or ID Number: _____

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The subject business is purchasing Trove products for resale as follows: (Please check all that apply)

From Web/Internet Store From Physical Storefront(s) Direct sales to end user(s)

Authorized Signature

Signature: _____ Title: _____

Printed Name: _____ Date: _____

**Please return completed application and current sales tax license to:
info@troveCBD.com**

Trove LLC
1153 Bergen Parkway, Ste I-317 • Evergreen, CO 80439
www.troveCBD.com

For Internal Use Only

Customer # _____ Trove Representative: _____ Date: _____