

# BICKFORD FLAVORS

## BUSINESS VERIFICATION & WHOLESALE WEBSITE ACCESS FORM

The information on this form is gathered in preparation for opening a business account (wholesale) with us. It is submitted for internal purposes only.

Business Name \_\_\_\_\_

Years in Business: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Website Address: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Applicants Job Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Authorized Buyer

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you find us:

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

How does your business use Bickford Products? Check all that apply.

- Retail from my shop                       Distributor
- Retail from an Internet store front
- Use as an ingredient to manufacture my \_\_\_\_\_ products
- Other \_\_\_\_\_
- Flavors interested in: \_\_\_\_\_

Bill To (mailing) address

Street Address - City - State - Zip Code

Ship To address (If different from above)

Street Address - City - State - Zip Code

Authorization:

- I certify that any information on this form is accurate and it is my correct taxpayer number.  
(Checking this box indicates you authorize this document by e-mail in lieu of a signature and said e-mail, coming from your address, constitutes an electronic signature).

**\*\*PLEASE ATTACH A COPY OF BUSINESS LICENSE \*\***

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Please return Business Verification Form and Business License to [hclark@bickfordflavors.com](mailto:hclark@bickfordflavors.com)