

# 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 \_\_\_\_\_

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

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

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

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

Authorized Buyer 1.

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Buyer 2.

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you find us: \_\_\_\_\_ SearchTerms: \_\_\_\_\_

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

- Retail from my shop  Distributor \_\_\_\_\_ products
- Retail from an Internet store front
- Use as an ingredient to manufacture my \_\_\_\_\_ products

Flavors interested in: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Bill To address (mailing)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ship To address

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*\*PLEASE ATTACH PROOF BUSINESS LICENSE, EIN \*\***

Authorization:

- I certify that any information on this form is accurate. (Checking this box indicates your authorize of this document by e-mail)

Sign: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please return Business Verification Form and Proof of Business, EIN to: [Sales@bickfordflavors.com](mailto:Sales@bickfordflavors.com)