

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: _____ **DBA (or Other Legal Names):** _____

Years in Business: _____ **Federal Tax ID:** _____

Website: _____

Applicant's Name: _____ **Title:** _____

Log In Email: _____ **Phone:** _____

A/P Contact Name: _____ **Phone:** _____

Email: _____ **Title:** _____

Additional Contact:

Name: _____ **Email:** _____

Phone: _____ **Title:** _____

Additional Contact:

Name: _____ **Email:** _____

Phone: _____ **Title:** _____

Bill To Address (Mailing):

Street Address: _____ **City:** _____

State: _____ **Zip:** _____

Ship To Address (If different):

Street Address: _____ **City:** _____

State: _____ **Zip:** _____

Do you need FLAVORS or EXTRACTS? _____ **Water-soluble or Oil-soluble?** _____

Flavors Interested In:

1. _____ 2. _____ 3. _____

4. _____ **Gallon Forecasted /Quarterly Usages:** _____

Current Supplier(s): _____

Do you provide Purchase Orders? Do you accept LTL shipments? Dock hours (Monday – Friday): _____

Do you have a forklift or lift truck? Do you have a dock? Do you need lift gate service?

Receiving Contact Name: _____ Phone: _____

Email: _____

Any special instructions for delivery? _____

How did you find us: _____ Search Terms: _____

How does your business plan to use Bickford Products? (Check all that apply)

Retail from my shop: _____

Retail from my internet store front: _____

Distributor / Industry: _____

Use as an ingredient to manufacture my: _____

Authorization:

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

Signature: _____ Title: _____ Date: _____

By completing this form you are signing up to receive our emails and can unsubscribe at anytime.

**** PLEASE ATTACH PROOF OF BUSINESS (BUS. LICENSE, EIN DOCUMENTS, UPDATED HEALTH PERMIT, ARTLICES OF INCORPORATION, COMMERCIAL ESTABLISHMENT, OR CERTIFICATE OF REGISTRATION, ETC)****

Please return Business Verification Form and Proof of Business to: Sales@bickfordflavors.com

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