

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:

First Name:

Last Name:

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

Signature:

Print name

Date

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 YOUR VENDOR'S LICENSE ***

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