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## TGT WHOLESALE APPLICATION

<b>Company Information</b>		
Company Name:		
Contact Name:		
Billing Address:	City:	
Phone:	State:	ZIP:
Business Type:	Year Established:	
Website:	Email:	
Federal Tax ID#:	DUNS#:	
Purchasing Contact:	Acct. Contact:	
Purchasing Contact Tel:	Acct. Contact Tel:	

<b>Billing Address <i>Complete only if different from Company Information.</i></b>		
Name:		
Billing Address:		
City:	State:	Zip:
Phone Number:	Fax:	Email:

<b>Shipping Address <i>Street address is required. No PO Boxes</i></b>		
Name:		
Billing Address:		
City:	State:	Zip: