



**Politically Incorrect & Proud Of It!**

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## WHOLESALE APPLICATION

Contact Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

State Resale Number: \_\_\_\_\_ State Of Issue: \_\_\_\_\_

Type of Business (Briefly explain what type of business you operate): \_\_\_\_\_

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

I acknowledge that completion of this application does not guarantee approval to partner in a wholesale relationship with Polink. Application approval is subject to review by Polink and completion of all other required documentation, including, but not limited to, the Reseller Agreement and the California Resale Certificate (if required). Signature must be by an authorized Officer, Partner, and/or Owner of the Business.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_