

Application for Wholesale Account



General Store Information

Account/Store Name:	_____				
Authorized Individual:	_____				
Business Address:	_____				
City:	_____	State:	_____	Zip:	_____
Office Phone:	_____	Other Phone:	_____		
Email Address:	_____	Website:	_____		
Date Business Established:	_____	Type of Business:	_____		
State Sales Tax ID Number:	_____	Federal EIN:	_____		

Please provide us with a copy of your business license/resellers certificate/sales tax exemption form. If your business is located in Minnesota, please provide us with a completed MN Form ST3.

Business Supplier References

Company Name:	_____	Contact:	_____
Address:	_____		
Phone:	_____	Email:	_____
Company Name:	_____	Contact:	_____
Address:	_____		
Phone:	_____	Email:	_____
Company Name:	_____	Contact:	_____
Address:	_____		
Phone:	_____	Email:	_____

By filling out this application, I am requesting to be a customer of NoCoast Aquatics, LLC and agree to receive emails or notifications of product, price and other sales lists. Please notify us if you would like to be removed from these lists.

Signed: _____ Date of Application: _____

Print Name: _____ Title: _____

Email Application To: Info@nocoastaquatics.com