



Wholesale Dealer Application

Please complete this form and return it back to us along with your re-sellers permit & tax-id#

First Name: _____

Last Name: _____

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip code: _____

Shipping Address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Company Website: _____

How many years has your company been in business for? _____

How many employees are currently working for your company? _____

How many store locations do you have? _____

List the City and State of each Location (if applicable):

1. _____ 2. _____

3. _____ 4. _____

I currently sell (check all that applies):

Tobacco Products Electronic Cigarettes (single use) Electronic Cigarettes (mods) E Juice Cartomizers

E Cig Accessories

Please list products of interest:

We offer custom logo sticker printing to our customers, would this be a service you would be interested in?

(Y) _____ (N) _____



CREDIT CARD AUTHORIZATION FORM

(FOR RECURRING/PRE-APPROVED CHARGES) – ALL INFORMATION WILL REMAIN CONFIDENTIAL
 PLEASE COMPLETE THIS AUTHORIZATION FORM AND RETURN IT TO US VIA EMAIL OR BY FAX (626) 810-1003

APPLICANT INFORMATION

Cardholders Name:

	Phone:
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Billing address:

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City:

State:

Zipcode:

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CREDIT CARD INFORMATION

Card Type:

Visa: _____

Mastercard: _____

Credit Card Number:

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Expiration Date: __/____

CVC:

(3 digits on the back of the card)

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I authorize "VAPE AND WIRES" to charge the total amount on each sales order invoice I have confirmed. I agree to pay this purchase in accordance with the issuing bank cardholder agreement.

X: _____

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Print First Name:

Print Last Name:

Today's Date:

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Purchase Order

From Address:				Purchase Order Number / Reference Number		
				Order date		
Supplier				Ship Prepaid to		
Date wanted	Ship Via	Terms	No of invoice copies needed: _____	Account	Tax status & details	

Item	Received	Order quantity	Description / SKU Number	Unit Price	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Received by:				Total	

Comments:	Terms & Conditions:	Requested by	Phone number
		Authorized Signature	Designation