



WHOLESALE APPLICATION

BUSINESS INFORMATION

SHIPPING INFORMATION

business name:

same as business

federal tax ID #:

attention:

resale tax #:

address:

date established:

city:

address:

state / province: zip / postal code:

city:

country:

state / province: zip / postal code:

country:

phone:

BILLING INFORMATION

same as business

fax:

attention:

e-mail:

address:

main contact:

city:

owner / president:

state / province: zip / postal code:

authorized buyer:

country:

web site:

*minimum order requirements - none

*payment information - prepay with check, money order or cashier's check

*shipping - orders are shipped FED-EX ground (unless otherwise requested) and charged discounted FED-EX rates.

*claims and returns - claims must be reported within 2 days of receiving the merchandise
a 20% restocking fee will be charged on returned items
shipping charges are non-refundable

I agree to the conditions outlined above signature: _____ date: _____

PLEASE FAX OR MAIL THIS FORM TO:

ON THE DOT ● 6707 BROCK MEADOW DR ● SPRING TX 77389 ● PHONE & FAX 281-547-8539