

# NATIONWIDE SALES

**Wholesale Account Application**  
**WE REQUIRE A COPY OF YOUR BUSINESS LICENSE!**  
**We do need all items returned**

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shipping address if different: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Fax Number \_\_\_\_\_ Is this a dedicated line? Yes No

Authorized Buyers:

Main Contact \_\_\_\_\_ Position \_\_\_\_\_

Second Contact \_\_\_\_\_ Position \_\_\_\_\_

Third Contact \_\_\_\_\_ Position \_\_\_\_\_

Type of business \_\_\_\_\_ Number of locations \_\_\_\_\_

Years in business \_\_\_\_\_ Office Hours (M-F) \_\_\_\_\_

Website if applicable \_\_\_\_\_

Tax Id # \_\_\_\_\_

In order to qualify for a wholesale account, this form must be completed and faxed back with a copy of your business license.  
Our Customer Service department is available Monday thru Friday 7:30 – 3:30 PST  
Thank you for your interest in Nationwide Sales.