



Wholesale Application

COMPANY INFORMATION (Please print):

BUSINESS NAME: _____

MAILING/SHIPPING ADDRESS: _____

CITY: _____ **STATE:** _____

ZIP CODE: _____ **COUNTRY:** _____

POSTAL CODE: _____

IS THIS LOCATION A BUSINESS OR RESIDENCE? _____

PHONE: _____ **FAX:** _____

EMAIL ADDRESS: _____

WEBSITE: _____

BUSINESS LOCATION ADDRESS, IF NOT ONLINE: _____

MANAGER'S/ OWNER'S NAME: _____

FED. ID #: _____

BUSINESS ENTITY: _____ Corporation _____ Partnership _____ Individual/Proprietor _____ Other

DATE BUSINESS ESTABLISHED: _____

WOULD YOU LIKE TO RECEIVE EMAILS OR FAXES ABOUT NEW PRODUCTS, SPECIAL SALES AND/OR NEWS?
_____ YES _____ NO, THANKS

WHERE WILL YOU BE SELLING: (ex. Retail Store, Website, Fairs, Online) _____

RESALE INFORMATION:

This is to certify that all material, merchandise or goods purchased by the undersigned from Sweetsation Therapy after _____ (date) will be resold by me in the form of tangible personal property; part of the tangible personal property to be produced for sale by manufacturing or assembling; to be exported for sale, use or consumption outside the continental limits of the United States, provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property.

STATE RESALE TAX ID: _____

Signature: _____

Date: _____

Title: _____