



Wholesale Account Application

Step ①

Print this form and fill in your company and contact information below.

Company Name: _____

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Fax: _____

Email Address: _____

Step ②

Fax this application and your resale (tax ID) certificate to 1-866-577-1558. Once we receive these items we will contact you with your login and password information.