



APPLICATION FOR WHOLESALE ACCOUNT

Store Name: _____

Store Ship to Address: _____

Store Bill to Address: _____

Store Contact Name: _____ Title _____

Best Contact Info: _____

Tax ID: _____

Credit/Debit Card Number: _____

Expiration Date: _____

Security Code: _____ Billing Zip: _____

Name on Card: _____

I authorize Bedrock Tree Farm Fir Needle Products to charge my credit card in the amount of the balance due on invoice: (initial for YES): _____

Please keep this card on file for future purchases (initial for YES): _____

Credit References attached? (YES/NO) _____

Name: _____

Signature: _____

Title: _____

Date: _____