



Wholesale Application

Company Name: _____ Date _____

Legal Business Name _____

Business Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Federal Tax ID # _____ Years in Business _____

Tax Exempt or Resale Number (attach copy of certificate) NPI # _____

Billing Address _____

City _____ State _____ Zip _____

Business Type: Sole Proprietorship _____ Partnership _____

Corporation _____ Other _____

Phone # _____ Fax # _____

E-Mail Address _____

Owner's, Partners, Officers (use additional page if necessary)

Name _____ Title _____

Name _____ Title _____

Bank Name _____ Bank Contact _____

Bank Phone # _____ Bank Fax # _____

Initial _____



Trade References

Trade Reference # 1 _____

Trade Reference # 2 _____

Trade Reference # 3 _____

Initial _____



Personal Guarantee

In consideration of credit granted by OTC Wholesale, the undersigned PERSONALLY guarantees any and all charges and / or money due to OTC Wholesale will be paid, the sum to include any and all attorney's fees and collection costs including asset seizure. In the event payment is demanded by OTC Wholesale, the undersigned agrees to make payment within (30) days. This personal guarantee covers any and all unpaid debts.

Signature Requirements:

Corporation: (2) CORPORATE OFFICERS' signatures required

Partnership: (2) PARTNERS' signatures required.

Signature: _____ Date: ____/____/____

Name: _____ Title: _____

Social Security Number: _____

Signature: _____ Date: ____/____/____

Name: _____ Title: _____

Social Security Number: _____

Please complete and mail or fax back to:

OTC Wholesale

787 Hillcrest Industrial Blvd Ste A

Macon GA 31204

Fax (877) 378-4720

Email: CustomerService@OTCWholesale.com

Office use only:

Officer initials _____ Date Open _____ Date Entry _____

Initial _____