

Customer # _____



Application for Wholesale Account

State issued sales tax number is required for wholesale accounts.

Wholesale accounts cannot be issued without this information.

To be sure your application is properly evaluated; all questions should be answered as carefully and completely as possible. If you need more space for your answers, please attach a separate sheet.

Full Name of Business: _____

Name of Owner: (REQUIRED) _____

Street Address: _____ **E-Mail:** _____
COMMERCIAL ADDRESSES ONLY

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **How Long in Business:** _____

Fax Number: _____ **Corporation** ☐ **Partnership** ☐ **Proprietorship** ☐

State Law incorporated under (if applicable): _____

Corporate Officers are:

(Name) (Address) (City) (State) (Zip)

Bank Account

(Bank Name) (Account Number) (Location / Address)

Business References

(Name) (Address) (Phone)

(Name) (Address) (Phone)

Dun and Bradstreet Rating (If known): _____

Federal ID Number: _____

Business License Number (REQUIRED): _____

Resale Number (REQUIRED): Attach copy of State Tax ID # _____

DEA License Number (REQUIRED for purchase of Iodex®): Attach Copy _____

Credit Card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Account # _____ **CVV#** _____

Exp. Date: _____ **Cardholder Signature:** _____

Credit Card Billing Address: _____

Today's Date: _____ **Signed:** _____ **Title:** _____

If you have a website please provide address _____

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www.baar.com