



NEW WHOLESALE VENDOR INFORMATION FORM

NAME

WHOLESALE ACCOUNT NO.
(FOR OFFICE USE ONLY)

BUSINESS ADDRESS

CITY / STATE / ZIP

SHIPPING ADDRESS (IF DIFFERENT FROM BUSINESS)

CITY / STATE / ZIP

CONTACT PERSON

BUSINESS PHONE

EMAIL

FAX

WEBSITE

TAX RESALE CERTIFICATE
 INCLUDED?

E-mail completed form and TAX RESALE CERTIFICATE to:

customerservice@mycherishedpaws.com