



Company Information

Date: _____

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Owner/President: _____

Purchasing Agent: _____ Sales Tax ID: _____

Phone: _____ Fax: _____ E-Mail: _____

Dear New Distributor:

In order to set you up as a new Whisk Distributor, we need some additional information on the second page.

If you could please furnish us with three (3) credit references (companies that you do regular business with) and your bank information, we will begin to **process your account** immediately.

Whisk Products, Inc.

P.O. Box 127 • 130 Enterprise Drive • Wentzville, MO 63385

Tel: 636.327.6261 • Fax: 636.327.6288 • Order Desk: 800.204.7627 • E-Mail: whisk@whiskproducts.com



Thank you for your prompt attention to this matter.

1. _____
Company Name

Address

City/State/Zip

Phone/Fax

2. _____
Company Name

Address

City/State/Zip

Phone/Fax

3. _____
Company Name

Address

City/State/Zip

Phone/Fax

Bank Information:

Name

Address

City/State/Zip

Phone/Fax

Account Number

Account Representative