

Wholesale - Reseller Application Form

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Business														
Business Name:										Phone#. ()				
Billing Address:								ax#. ()					
City:		Country	/ :			State:				Zip:				
Shipping Address (if different from billing):								S	Shipping	Phone#	÷. ()			
City:		Country:				State:				Zip:				
Contact Email address: Web Address:														
Federal Tax ID (SS# Number if Sole Pr	·):					State of Inco	ation:		# of Locations:					
Business Open Date: Length of Current Ownership:							Product / Service Sold:							
Ownership														
First Name:		Last Name:						Title:						
Social Security Number:		Date of Birth: / /					Drivers License Number:							
State Issued: % of Ownership: Years					at currer	nt address: Check if you: C					Own	Rent	Le	ase
Residence Address:				City:					State:		Z	ip:		
Phone#. ()	Mobile # :()						Email:							
Trade References														
Company: Contact Name:								Phon	none#. ()					
Company: Contact Name:							Phone#. (
Bank Reference														
Bank Name:	Branch .	Address:			Contact Name:									
Phone#. () ABA Routing #:									Account #:					
The information contained in this re you. You understand that we are re information provided is true and co necessary to verify the accuracy of	elying o mplete	n this . You a	informati agree tha	ion in c at we, c	deciding our assi	to gran	it an accoun ents, or banl	t to y ks, ar	ou. Yo	u repres	sent and	warra	nt that	
X					_									
Signature Title						Print Name								