



**BUSINESS CONTACT INFORMATION**

Your name and position:		
Company name:		Anticipated annual sales:
Phone:	Fax:	E-mail:
Company address:		
City:	State:	ZIP Code:
Date business commenced:	Locations (#):	How did you hear of our brand:
State Tax #:	Federal EIN:	

**BUSINESS/TRADE REFERENCES**

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Contact name:	Type of account:	
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Contact name:	Type of account:	
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Contact name:	Type of account:	

**AGREEMENT**

<ol style="list-style-type: none"> <li>1. All invoices are to be paid the date of the invoice or under specific terms.</li> <li>2. Claims arising from invoices must be made within (7) seven business days.</li> <li>3. By submitting this application, you authorize Dolphin Aquarium &amp; Pet Prod., Inc to make inquiries into business/trade references that you have supplied.</li> </ol>
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**SIGNATURES**

Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

**Please send us your completed application along with:**

- A copy of your business license and \*resellers certificate/sales tax exemption with legal and/or DBA name.
- If your business is located in GA we require a completed Form ST-5
- Incomplete or illegible applications will result in delays or rejection
- Completed and fully executed Wholesaler Agreement
- info@dolphinpumps.com

\*Uniform Sales and Use Tax Multi-Jurisdictional Certificate of Exemption or the certificate of exemption from the business's home state bearing the business's resale registration number will serve as sufficient proof that all transactions are not taxable retail sales.