

Wholesale Account Application

Name of business _____

Owner or authorized buyers _____

Shipping address _____

Billing address (If different) _____

Phone _____ Fax _____

Email _____

Website URL _____

Type of business (proprietorship, partnership, corporation) _____

Date business opened _____

Tax ID _____

Paypal account information (account name) _____

For Invoice Payments:

Bank Name _____

Account Name _____

Bank Address u _____

Bank Phone _____ Account Number _____

I (we) agree with the terms and conditions set forth in this agreement and certify that the information in this application is correct.

Signature:

Owner/buyer _____ Date _____

Owner/buyer _____ Date _____

Mail to: RRDD, 354 Vienna St, San Francisco, CA 94112