

Resale Information Form



Please fill out the following information.

Name of Resale Establishment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This address is: Commercial Residential

Telephone: _____ Fax: _____

Email: _____

Website: _____

Date Established: ____/____/____

Product Lines Sold (*generic, i.e. Math, English*): _____

Product Sold Through: Storefront Catalog Internet Convention

Current Estimate of Customer Base: _____ Square Footage of Selling Floor: _____

Tax ID Number: _____

Owner/Owners: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

3 References of Credit for Resale Establishment:

Name: _____

Type of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Name: _____

Type of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Name: _____

Type of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

*I declare that the foregoing information is true and correct.
I authorize its verification and the obtaining of a consumer credit report.*

Owner/Owners Signature Date: ____/____/____