



WHOLESALE APPLICATION FORM

COMPANY INFORMATION

Company Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Website:

CONTACT PERSON

Full Name:

Title:

Phone:

Email:

BUSINESS DETAILS

Type of Business:

Wholesale

Retail

E-Commerce

*Only answer this question if [E-Commerce] is selected above.

Are you an Amazon Seller?

Yes

No

*Only answer this question if [YES] is selected above.

Amazon Operating Country?

Amazon US

Amazon CA

TAX ID:

Resale Certificate No.:

Years of Service:

PRODUCT INTEREST

Product Categories Interested In:

Estimated Monthly Purchase Volume:

AGREEMENT

By signing below, I certify that the information provided in this application is true and correct. I understand that completion of this form does not guarantee approval of a wholesale account. Approval is subject to verification and acceptance by Rising Sun Distributors.

APPLICANT SIGNATURE

Printed Name

Signature

Title

Date