

Comfort Silkie®

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WHOLESALE ACCOUNT INFORMATION

Information must be completed in full and signed to open your account as a Wholesale Business Account. Thank you.

HOW DID YOU HEAR ABOUT US?			
STORE NAME:			
BUYER NAME:		AP CONTACT:	
ADDRESS:			
CITY:		STATE:	ZIP CODE:
PHONE:	FAX:	EMAIL:	
WEBSITE:			

LEGAL ENTITY: CORPORATION PARTNERSHIP IND. PROP.

IN BUSINESS SINCE: ____/____/____ TYPE OF BUSINESS: _____

TAX RESALE NUMBER: _____

BANK: BANK PHONE, FAX AND ACCOUNT NUMBERS MUST BE PROVIDED.

BANK NAME:			
ACCOUNT #:			
ADDRESS:			
CITY:		STATE:	ZIP CODE:
BANK PHONE #:		BANK FAX #:	

VISA OR MASTER CARD #: ____/____/____/____ EXPIRES: ____/____

HAVE YOU BEEN IN BUSINESS UNDER ANOTHER NAME?

Other Business Name

Address

PROPRIETORS, PARTNERS, OR OFFICERS: (ALL MUST BE INCLUDED)

NAME:		TELEPHONE:		
HOME ADDRESS:		CITY:	STATE:	ZIP:
NAME:		TELEPHONE:		
HOME ADDRESS:		CITY:	STATE:	ZIP:

CREDIT REFERENCES: (USE REVERSE IF ADDITIONAL SPACE IS NEEDED)

NAME	ADDRESS (STREET, CITY, STATE, ZIP)	PHONE#	CONTACT
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

The statements of information are true and complete. You are authorized to obtain any information necessary from any source concerning this information. The undersigned individually promises to pay and guarantees payment for all purchases in accordance with the terms of sale. If for any reason the purchaser is unable to pay for purchases when due, the undersigned agrees to pay and authorizes you to bill the account due interest computed at the legal rate of 1¹/₂% per month on any past due amount.

PRINCIPAL'S OR OFFICER'S SIGNATURE: _____

SIGNATURE AND DATE

SIGNATURE AND DATE