

Customer # \_\_\_\_\_



# Application for Wholesale Account

**State issued sales tax number is required for wholesale accounts.**  
**Wholesale accounts cannot be issued without this information.**

To be sure your application is properly evaluated; all questions should be answered as carefully and completely as possible. If you need more space for your answers, please attach a separate sheet.

Retail Health Store  Health Care Practitioner

Full Name of Business: \_\_\_\_\_

Corporation  Partnership  Proprietorship

How Long in Business: \_\_\_\_\_

Name of Owner: (REQUIRED) \_\_\_\_\_

Street Address: \_\_\_\_\_  
COMMERCIAL ADDRESSES ONLY

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

State Law incorporated under (if applicable): \_\_\_\_\_

Corporate Officers are:

(Name)	(Address)	(City)	(State)	(Zip)

Bank Account

(Bank Name)	(Account Number)	(Location / Address)

If you have a website please provide address \_\_\_\_\_

All Business and Domain Names/URLS under which you intend to sell:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dun and Bradstreet Rating (If known): \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Business License Number (REQUIRED): \_\_\_\_\_

Resale Number (REQUIRED): Attach copy of State Tax ID # \_\_\_\_\_

DEA License Number (REQUIRED for purchase of Iodex®): Attach Copy \_\_\_\_\_

Today's Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Title: \_\_\_\_\_

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[www.baar.com](http://www.baar.com)