

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.

Full Name of Business: _____

Retail Health Store Health Care Practitioner

Name of Owner: (REQUIRED) _____

Street Address: _____ E-Mail: _____
COMMERCIAL ADDRESSES ONLY

City: _____ State: _____ Zip: _____

Phone Number: _____ How Long in Business: _____

Fax Number: _____ Corporation Partnership Proprietorship

State Law incorporated under (if applicable): _____

Corporate Officers are:

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

Bank Account

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

Business References

(Name) (Address) (Phone)

(Name) (Address) (Phone)

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 _____

Credit Card: Visa MasterCard American Express Discover

Account # _____ CVV# _____

Exp. Date: _____ Cardholder Signature: _____

Credit Card Billing Address: _____

Today's Date: _____ Signed: _____ Title: _____

If you have a website please provide address _____

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