



New Business Partner Application

Please complete legibly and return by mail or fax to 843-448-8988

Retailer Business Partner Information (print clearly)

Date: _____

Company: _____

DBA: _____

Contact and Title: _____

Contact Mobile: () _____

Delivery Address (no P.O. boxes): _____

Delivery City: _____ State: _____ Zip: _____

Business Phone: () _____ Fax: () _____

Email: _____

FEIN / SSN: _____

State Tax Resale #: _____

Company Website URL: _____

of Employees: _____

Type of Company: Corporation Partnership LLC Sole Proprietor

Length of time in business under current ownership: _____

Authorized Buyers: _____

Billing Information (if different than above)

Billing Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Special Arrangements / Billing Arrangements:

I confirm that all information contained herein is true and accurate. I also agree that I have read and understand all terms and conditions set forth in the Retail Business Partner Agreement.

Retailer Signature: _____

Signer's Name (print): _____