



WHOLESALE APPLICATION:

Please fill in all the requested information. If any parts are left blank the application will not be processed.

Date: _____

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Years at this Address: _____ YRS. _____ MONTHS

Please check off one of the following:

____ Corporation ____ Incorporated less than 12 Months ____ Partnership ____ Individual

Name of Owner or Principal: _____

Home Address: _____

Owners or Principal's Social Security Number: _____

Federal Identification Number: _____

TRADE CREDIT REFERENCES

Suppliers Account Number: _____

Suppliers Phone Number: _____ Suppliers Fax Number: _____

How long in present Business: _____

Name of Bank: _____

Bank Account Number: _____

Credit Card Number: _____ Expiration Date: _____

Owner or Principal's Signature: _____ Date: _____

BEFORE TURNING IN YOUR APPLICATION:

Your application will not be processed without a copies of your Retail/Wholesale Licenses.

(401) 226-8447 or visit us online at www.fireflycosmetics.com