

PAPER-PAPERS LLC
APPLICATION FOR "RE-SELLER" WHOLESALE ACCOUNT

BUSINESS CONTACT INFORMATION

Name/Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS 'PHYSICAL' LOCATION

Business Location: ___Retail Storefront ___Online Retailer ___ Other (describe)	
How long at current address?	Website:
Days of operation & hours:	
Telephone:	E-mail:
SHIP TO Address (if different than above)	

CREDIT CARD INFORMATION & AUTHORIZATION

List authorized buyers:	PRINT Cardholder's Name:
1.	Credit Card #
2.	Exp. Date: cvv (last 3 digits backside of MC/VS/DS (or) 4 digits on front AX)
3.	Cardholder's Signature:

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

ADDITIONAL INFORMATION

*Please look over the **wholesale policies** and make sure to include the following documents with your application:*

- | | |
|---|---|
| <input type="checkbox"/> Current business license or a state registration | <input type="checkbox"/> Applicable tax exemption certificate if conducting business in Indiana |
| <input type="checkbox"/> State Tax Resale Form | <input type="checkbox"/> Federal Tax Identification Number |

AGREEMENT

1. I have thoroughly read and agree to the terms set forth in the Re-Seller Policy.
2. I authorize Paper-Papers LLC to place on file (confidentially and securely) the credit card information provided above and authorize this card to be used as primary method of payment when making purchases.
3. I authorize Paper-Papers LLC. to make inquiries into the business/trade references that I have supplied.

SIGNATURES

Title: Date:	Title: Date:
-----------------	-----------------