



4880A Distribution Court Suite 1  
Orlando, FL 32822  
Telephone: (407)281-1223  
Fax: (407) 281-1905  
[sales@mazworx.com](mailto:sales@mazworx.com)  
[www.mazworx.com](http://www.mazworx.com)

**APPLICATION FOR WHOLESALE ACCOUNT**

Please type or print. Fill in all spaces and complete principals or owners sign where included.

**All new accounts will be PREPAID on the first order.**

**Please fax or mail the following (3 items)**

- Application
- Business Licensee (Copy)
- Resale Certificate (Copy)

**COMPANY**

Business Name: \_\_\_\_\_ Date Established: \_\_\_\_\_

If Subsidiary, Name of Parent Company: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

**Type of Business:**       Retail       Wholesale Distribution       Internet

**Legal Business Entity:**       Corporation       Partnership       Sole Proprietorship

All accounts must provide a copy of current business license and resale certificate. Otherwise, account will not be set up.

**Federal ID#:** \_\_\_\_\_

**Resale Certificate #:** \_\_\_\_\_

## TRADE REFERENCES

Must name at least 3 suppliers of major products and services.

Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Method of Payment:  COD Cash  COD Check  Open Account  Prepaid

Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Method of Payment:  COD Cash  COD Check  Open Account  Prepaid

Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Method of Payment:  COD Cash  COD Check  Open Account  Prepaid

## PAYMENT PREFERENCE

Primary Method of Payment:  Credit Card Prepaid  COD Cash  COD Check

Secondary Method of Payment:  Credit Card Prepaid  COD Cash  COD Check

If you would like to set up your account as COD Check or Open terms, you must meet the following requirements:

- 1) Must be in business for more than 3 years.
- 2) Must have 3 trade references in the same industry.
- 3) Must provide current financial statement.

Please note, COD Check acceptance is subject to approval.



## CREDIT CARD AUTHORIZATION FORM

(Credit cards to be used only upon authorization by the cardholder.)

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I, \_\_\_\_\_, authorize Mazworx/Mazworx Manufacturing to charge the following credit card for any of my orders either placed by phone, by fax, or by email.

CARDHOLDER NAME: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

CVV2 CODE: \_\_\_\_\_ (MUST PROVIDE THIS CODE. NO EXCEPTIONS!)

(Check card type  VISA  MASTERCARD  AMEX  DISCOVER

ISSUING BANK PHONE NO. : \_\_\_\_\_ (Locate on the back of the card.)

CARD BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

I also agree and have read all terms and conditions given by Mazworx/Mazworx Manufacturing by signing and I agree to pay my orders according to the card issue agreement.

CARDHOLDER SIGNATURE: \_\_\_\_\_

PRINT NAME : \_\_\_\_\_