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APPLICATION FOR WHOLESALE ACCOUNT

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

Please fax or mail the following (3 items)

- Application
- Business Licensee (Copy)
- Resale Certificate (Copy)
- Credit Card Authorization Form

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