

Wholesale Application

Company Name: _____

Applicant First Name: _____

Applicant Last Name: _____

Physical Business Address: _____

City, State, Zip: _____

Business Phone: _____

Cell Phone: _____

Fax: _____ E-mail Address: _____

Business Website: _____ Business Entity: _____

Primary Buyer/Owner: _____ Driver's License Number: _____

Additional Buyers: _____ Driver's License Number: _____

1) _____

2) _____

3) _____

Primary Business Focus:

Lighting _____

Furniture _____

Accessories _____

Garden _____

Design _____

Gift Shop _____

Other: _____

Wholesalers you currently purchase from:

How did you hear about WOW Home Furnishings?

Peer Referral: _____

Trade Show: _____

Billboard: _____

Other: _____

State Sales Tax Number: _____

Federal Tax Number: _____