



1386 Snowy Egret – Santa Rosa Ca 95409

RETAILER APPLICATION

Firm Name:
If Corporation, Full Corporation Name:
Business Address:
Business Address2:
City: State: Zip:
Telephone Number: Fax Number:
Date Established: At Present Location Since:

Corporation: Partnership: General Partnership: Sole Proprietorship:
If Incorporated, Date Incorporated:

Your Name: Title:
E-mail: Web URL:

Have any of the above ever had a business failure or filed any type of bankruptcy proceedings? Yes No

If yes, please describe fully:

\_\_\_\_\_

NOTE: If your physical location is in the state of California, please download a California Resale Tax Exempt form here and fax to us at 1-707-540-6090

State Sales Tax #/Resale #: Issued By State:
Federal Tax ID #:

\_\_\_\_\_

SIGNED BY \_\_\_\_\_ Dated \_\_\_\_\_