



WHOLESALE APPLICATION

APPLICANT INFORMATION

Date _____ Strapworks Customer ID Number _____

Note: Entering a Customer ID# will speed up the process.

Sec. A Required Information (Note: Leaving any of this section incomplete unless otherwise noted will result in denial of the application)

Company Name _____ Phone _____

Mailing Address _____

Street Address _____

City _____ State _____ Zip _____

Primary Contact _____

Secondary Contact(optional) _____

Email Address _____

Sec. B Complete Applicable Information:

Parent Name (If Subsidiary or Division) _____ State Registered : _____

Address _____

City _____ State _____ Zip _____

Industry _____ Date Started _____

Company Type Public Private Subsidiary Division Sole Proprietor LLC INC S-Corp Corp

Sec. C Please provide at two (2) of the following:

Business License# _____ State or Local Tax Exempt # _____

Federal ID# _____ Social Security # of Proprietor _____

Web Address _____ Duns # _____

I agree to authorize Strapworks to verify the information provided. I certify that all the information provided is correct and current. I understand any information change must be notified to Strapworks immediately. I understand that approval for wholesale status does not guarantee any rights, credit terms, or additional privileges other than outlined in the wholesale program. I understand that the wholesale program may change without notice and that it is my responsibility to keep informed on the changes.

Date _____

Name (Signature) _____

Name (Print) _____

All points of sale are Eugene, OR

Strapworks – 3900 W 1st Ave Eugene, OR 97402

(541) 741-0658 Fax: (541) 741-7625

Wholesale@strapworks.com