



# 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# \_\_\_\_\_

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.

Name (Signature) \_\_\_\_\_

Name (Print) \_\_\_\_\_

All points of sale are Eugene, OR

Strapworks – 3900 W 1<sup>st</sup> Ave Eugene, OR 97402

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

[Wholesale@strapworks.com](mailto:Wholesale@strapworks.com)