



www.reptiledreams.com
Rjreptiledreams@aol.com

APPLICATION FOR WHOLESALE ACCOUNT

We hereby apply for Open Terms from your firm. The following information is submitted for your consideration :

Business Name: _____ Established in _____
Type of Business: _____ Phone Number: () _____ - _____
Street Address : _____ Fax Number : () _____ - _____
City : _____ County : _____ State: _____ Zip + 4 : _____
Billing Address : _____
City : _____ State: _____ Zip + 4 : _____

This Business is a : Corporation Partnership Limited Partnership Sole Proprietorship

If incorporated, in which state? _____ DUNS # _____

Corporate Name or Parent Company: _____ Are you a subsidiary? _____

Owners or Officers of the Business (indicate percent each owns):

	Title	Name	Complete Home Address
1.			
2.			

Bank Name and Address of Your Branch: _____

Bank Account #: _____ Officer To Contact: _____

Present Suppliers:

	Name	Address	Phone Number	Act Number
1.				
2.				
3.				

Anticipate Monthly Purchases: \$ _____

I certify that all information on this form is correct and authorize Reptile Dreams to obtain a written or oral report from any credit reporting agency; applicant further authorizes any bank or commercial business to give any and all necessary information to the creditor which will assist creditor tin the investigation. I further expressly agree to pay reasonable collection costs and /or attorney fees incurred in the connection with the collection of this account. Application must be signed to be processed.

Applicant's Name _____ Title _____ Date _____

E-Mail Address : _____

*Tax ID : _____ Filed in what State?: _____

*Include copy of tax id number. FWC permit # _____ Expiration Date: _____

Name and Address of FWC permit holder (include copy of permit _____
