



WHOLESALE CUSTOMER APPLICATION

COMPANY NAME:	
URL (if applicable):	
TYPE OF BUSINESS (check all applicable): <input type="checkbox"/> online store <input type="checkbox"/> brick & mortar store	
CONTACT PERSON:	
EMAIL:	
PHONE:	FAX:
SHIPPING ADDRESS (circle one, then type below): <input type="checkbox"/> residential <input type="checkbox"/> commercial	
BILLING ADDRESS (if different):	
DATE BUSINESS ESTABLISHED:	
AVERAGE MONTHLY SALES VOLUME:	
STATE SALES TAX NUMBER:	
LIST ALL OTHER SHOPPING CART COVER BRANDS YOU CURRENTLY CARRY, IF ANY:	
HOW DID YOU HEAR ABOUT BUGGY BAGGS?	
TELL US ABOUT YOUR BUSINESS AND HOW YOU PROMOTE/MARKET YOUR BUSINESS AND THE PRODUCTS YOU CARRY? (feel free to add additional pages if necessary)	

I certify that all statements and all information contained herein are true and correct and have read and agree to wholesale policies provided.

Please fax completed application to
1-866-846-1286 or send via email to
info@buggybags.com

Signature

Date