



WHOLESALE ACCOUNT APPLICATION

APPLICANT INFORMATION

Company Name:

First Name:

Last Name:

Accounts Payable Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

RESALE OR TAX ID#: 204-195-174

SHIPPING INFORMATION (CHECK IF THE SAME AS BILLING)

Shipping/Receiving Contact Name:

Address:

City

State

Zip Code:

Phone:

Fax:

Email:

CREDIT CARD INFORMATION

Name on Card:

Card Number:

Card Type:

Expiration Date:

Billing Zip Code:

Signature:

SHIPPING INSTRUCTIONS:

*All John Robshaw products ships from our warehouse in the US. When shipping outside the U.S., Canada or Virgin Islands, we do request a Courier Account Number or a U.S. Freight Forwarder Address. You can also choose to arrange a pick-up of merchandise from our warehouse. *International accounts may also submit payment by wiring funds for their orders. Once an order is submitted and confirmed, we will send wire transfer instructions along with the order confirmation.*

Note: John Robshaw Textiles cannot predict and is not responsible for any applicable taxes and/or duties not included in shipping cost and are the responsibility of the customer. Please let us know if you have any questions.

SIGNATURES

I authorize the verification of the information provided on this form as to my credit. I have received a copy of this application.

Signature of applicant: _____

Date: _____

EMAIL COMPLETED APPLICATION WIITH TAX CERTIFICATE TO: brian@briansudol.com