

Application For Wholesale Business Account

Please complete and fax to 541-488-9490
or email contact@brightearthfoods.com

Thank you for your interest in establishing a Wholesale Account with Bright Earth Foods.
All fields with * must be completed.

COMPANY INFORMATION:

*Business Name: _____ Trade Name (if any): _____
*Address: _____ *City: _____
*State: _____ *Zip Code: _____ *Telephone: _____
Fax: _____ *Main Email: _____
*Email address for Promotional Materials: _____
Billing Address (if different): _____
*Years in business: _____
*Federal I.D. Number: _____ *Certificate of Resale Number: _____

LIST KEY CONTACTS:

*Primary Manager Name & Title: _____
*Phone Number: _____ *E-Mail Address: _____
*Primary Buyer/Purchasing Manager Name: _____
*Phone Number: _____ *E-Mail Address: _____

*Please select your preferred payment method: ___ Credit Card/ ___ 15 Day Credit Terms

If requesting N/15 terms:

*Accounts Payable Contact: _____ *Telephone: _____
email address: _____

*TRADE REFERENCES (Please list 1 existing vendor relationships that we may reference.)

Company Name: _____ Contact Name: _____
Address: _____ City: _____ State: _____ Zip: _____