



3D WHOLESALE DEALER APPLICATION

Please complete this entire form and return it to us as soon as possible for wholesale terms. Thank you!

STORE / BUSINESS INFORMATION

Business name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Cell: _____
Fax: _____ Email: _____
Contact Person: _____ Owner: _____
Business Type: (check one) _____ Sole Proprietorship _____ Partnership _____ Corporation
Years Established: _____ Federal Tax ID #: _____
Tax Status: Taxable _____ Resale _____ Government _____ TAX ID #: _____

BANK REFERENCE

Banking Institution: _____ City: _____ State: _____
Contact Person: _____ Phone: _____
Account #: _____ Checking _____ Savings _____

CREDIT REFERENCES

1. Company: _____ Contact Person: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Fax: _____
Account #: _____

2. Company: _____ Contact Person: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Fax: _____
Account #: _____



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3. Company: _____ Contact Person: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Fax: _____
Account #: _____

3D WHOLESALE DEALER AGREEMENT

Customer verifies that the above information is true and correct and hereby grants permission for any person to furnish 3-D Organic Solutions, LLC. any and all information that may periodically be requested. Customer agrees to honor all terms and conditions of the most current price list. Customer agrees to pay for any and all deliveries and/or shipping costs. Wholesale terms are at the absolute discretion of 3-D Organic Solutions, LLC. ,who may terminate, alter or deny credit terms without notice, and without cause. All sales PREPAID by Business, Cashier, or Certified Checks or Money Orders, and Visa, MasterCard, American Express, or Discover credit cards. All past due accounts accrue interest at 5% per month on the unpaid balance. The accrual of payment of interest does not authorize the customer to defer payment of any indebtedness beyond the costs, attorney’s fees, and costs incurred in the collection of said account, regardless of whether judicial action is undertaken.

AUTHORIZING STATEMENT

The undersigned:

- 1. Certifies that all information provided is true and correct.
- 2. Agrees to abide by the terms of credit specified above.

Signature: _____ Date: _____
Other Signature (if Corp.): _____ Date: _____

PERSONAL GUARANTY OF PAYMENT

I (We), _____, personally guarantee payment in full when due of any and all indebtedness of _____ (Name of store/customer) to 3-D Organic Solutions, LLC. including collection costs and attorney’s fees.

Guarantor: _____ SS#: _____
Guarantor’s Signature: _____ Date: _____
Witness: _____ Date: _____