



MON - FRI 8 AM - 5 PM PST  
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 intl: 1.760.603.0528  
 fax: 1.760.929.0240

## WHOLESALE ACCOUNT APPLICATION

SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION

Trade Name of Business: \_\_\_\_\_

Legal Name: \_\_\_\_\_

If Corporation, State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Federal Tax ID or Social Security #: \_\_\_\_\_ Resale #: \_\_\_\_\_

In Business Since: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

BILL TO :

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

SHIP TO: (if same, leave blank)

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

ACCOUNTS PAYABLE DEPT. INFORMATION:

Contact Person: \_\_\_\_\_

Phone (ext.): \_\_\_\_\_ Fax: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

TO OPEN WHOLESALE ACCOUNT :

Fax this form to (760) 929-0240 with a copy of your business, resale or professional license.

If you are located in California and do not want to pay sales tax, complete the resale certificate and return with application.