



### Wholesale Account Application

The information on this form is gathered in preparation for opening a wholesale account with OutFox LLC. The information submitted is for internal purposes only. [Multiple store Locations: If each location will be submitting separate orders, please submit an application for each store.](#)

Please provide the following information:

Business Name:

Type of Business:

Federal Tax ID:

State Sales Tax License Number:

Website:

Years in Business:

#### Owner

First Name:

Last Name:

Title:

Email:

#### Buyer

First Name:

Last Name:

Title:

Email:

#### Ship To Information

Street Address:

City:

State:

Zip Code:

Phone Number:

FAX Number:

How will your business sell the OutFox® Field Guard ? (list all venues)

- Resale from my shop
- Resale to clients (dog walkers, veterinarians, etc)
- Resale from an Internet storefront
- Resale from \_\_\_\_\_

Email to [diane@outfoxfordogs.com](mailto:diane@outfoxfordogs.com)