



Wholesale Dealer Application

Date: __/__/__

Company Name: _____ Storefront: __yes __no

Tax ID Number: _____ Years in Business: _____

Resale Permit Number (California only): _____

Bill to Address: _____

City/ State / Zip: _____

Ship to Address: _____

City/ State / Zip: _____

Phone: (____) ____ - ____ Email: _____

Fax: (____) ____ - ____ Website: _____

Who is your Accounts Payable Contact: _____

Do you sell online? __yes __no

Do you have more than one store location? __yes __no

If yes, please list other store locations: _____

If accepted as Wyoming Metalworks dealer, the items that work best for your store: _____

I certify the above information is true and accurate.

Permissions are granted to Wyoming Metalworks to verify any and all facts.

_____ Printed Name	_____ Signature	_____ Title
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Please email your application to: wyoingmetalworks@gmail.com
Questions? Contact us at: wyoingmetalworks@gmail.com
We will be in touch with you upon receiving your application.