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

Submit by Email Print Form

Please email your application to: wyomingmetalworks@gmail.com
Questions? Contact us at: wyomingmetalworks@gmail.com
We will be in touch with you upon receiving your application.