



WHOLESALE CUSTOMER APPLICATION FORM

| | |
|-----------------------------|-------|
| Trade name of business | _____ |
| Registered name of business | _____ |
| Business type | _____ |
| TAX ID No. | _____ |
| Company e-mail | _____ |
| Business contact | _____ |
| Date established | _____ |
| Telephone | _____ |
| Web address | _____ |
| Billing contact | _____ |
| Billing address | _____ |
| | _____ |
| | _____ |
| | _____ |
| Delivery address | _____ |
| | _____ |
| | _____ |
| | _____ |

Trade references

| Company Name | Contact | Telephone | Physical Address |
|--------------|---------|-----------|------------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |

By submitting this application, I, the undersigned, certify that all information on this application are true to the best of my of my knowledge. In addition, I, the undersigned, acknowledge and understand that the wholesale agreement is strictly offered to customers intended to resell Super Plak Inc. products and services, and Super Plak Inc. reserves the right to terminate this agreement at any time. This application does NOT grant credit terms.

Signature _____

Title _____

Print name _____

Date _____

Please return completed form to:

Email sales@superplak.com