



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