



## Wholesale Account Application

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**NAME**

**COMPANY NAME**

**ADDRESS**

**CITY**  **STATE**  **ZIP CODE**

**PHONE NUMBER**  **FAX NUMBER**

**EMAIL**  **WEBSITE**

**WHAT TYPE OF BUSINESS?**

**FEDERAL TAX ID NUMBER (OR SSN)**

**STATE RESALE NUMBER**

**NUMBER OF RETAIL STORES**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please fill out this application and submit via fax to (818) 647-0104 or send scanned copy via e-mail to [wholesale@duvnic.com](mailto:wholesale@duvnic.com). Applications are reviewed within 3 business days. You may be requested for additional information to further qualify your application.

Upon approval, you will receive our wholesale catalog and pricing list, which will be mailed to you. Please inform us if you require samples of any product.

Our terms are either payment via credit card (preferred; charged upon merchandise shipment) or Net 30, upon approval, with 1% late fee every thirty (30) days thereafter. Please note that some accounts will be factored through a third party financing company. Sorry we do not ship merchandise COD.