



Phone: 720-536-5454
Fax: 720-559-1392
Email: Purlwax@gmail.com

Dealer Application / Credit Application

Thank you for your interest in becoming a Purl Wax Dealer!
We value your business and would be delighted to add your business to our list of authorized dealers. Please fill out this form and email or fax it back to us to expedite the ordering process.

Business Name: (Please include corporate name and/or any DBA's)

Billing Address: _____

City: _____ State: _____ Zip Code: _____

AP Phone Number: _____ AP Fax Number: _____

Accounts Payable email address: _____

Shipping Address (If different): _____

City: _____ State: _____ Zip Code: _____

Shop Phone Number: _____

Owner/Officer: _____

Contact Number: _____

Email address: _____

Number of years in business: _____

Federal Business ID Number (REQUIRED): _____

Trade References:

Company Name: _____

Account Number: _____

Phone Number: _____ Fax Number: _____

Company Name: _____

Account Number: _____

Phone Number: _____ Fax Number: _____

Company Name: _____

Account Number: _____

Phone Number: _____ Fax Number: _____

Credit Amount you are applying for: _____

Owner/Officer Signature: _____

Date: _____

INTERNAL USE ONLY: N30 CC COD Initial _____ Amount of credit: _____