

Application for Wholesale Account with Exclair, Inc. - For Retailers Only

Please complete and print this application and fax or mail to the address listed above.

Company		D. B. A.	
Resale #		Fed Tax ID #	
Billing Address		Shipping Address	
City, State, Zip		City, State, Zip	
Telephone		Telephone	
Fax		Fax	
Retail Location		Store Description	
Email Address		Years in Business	
Website		Business is a:	<input type="radio"/> Sole Proprietorship
Do you sell online? <input type="radio"/> yes <input type="radio"/> no			<input type="radio"/> Partnership
Company Owner			<input type="radio"/> Corporation
Authorized Buyers		Method of payment:	<input type="radio"/> Net 30
Partners			<input type="radio"/> Check
			<input type="radio"/> Credit Card
			<input type="radio"/> COD
	Bank Information		
Bank Name			
City, State			
Branch			

Trade References (three required, i.e. companies with which your firm has reseller accounts):

	Trade Reference # 1		Trade Reference # 2
Name		Name	
Account #		Account #	
Telephone		Telephone	
Fax		Fax	
	Trade Reference # 3		
Name			
Account #			
Telephone			
Fax			

Reseller Agreement

I/We hereby accept responsibility for invoices being paid within the stated terms. Should litigation be necessary to collect such invoices, court costs and attorneys' fees will be recovered by the prevailing party. The place of performance of this agreement and related orders shall be considered by the parties hereto to be New York, New York.

Signature (Officer Only)		Date	
Print Name		Title	