

Wholesale Account Application	on
Rev. 11-19-21	

Applicants Name:				
Business Name:				
Mailing Address:				
Physical Address:				
City:	State:	Zip Code:	Cour	ntry:
Phone Number:		Fax Numbe	r:	
Email:		Website:		
Is physical address list	ed above a re	sidential address?	Yes	No
Federal Tax ID Numbe	er (EIN):			
Business Start Date:	//	Nature of busines	s (please cir	cle below):
Manufacturer Retaile	er Rod Build	ler Tackle Store Of	ther	
List the names of emplo but not limited to: plac your behalf:	v			` _

1)	
2)	
2)	
4)	

Trade References:

1. Name:	Phone:
Address:	Contact:
2 Nama	Phone:
Address:	Contact:
3. Name:	Phone:
Address:	Contact:

This application is submitted in writing for the purpose of obtaining merchandise from The Rod Room, Inc. at wholesale prices. I, the customer authorize The Rod Room, Inc. to obtain trade information as deemed necessary.

Wholesale Terms and Conditions:

We reserve the right to terminate any wholesale account at any time at our discretion. Payment is expected when merchandise is shipped. Customer agrees to provide a credit card for The Rod Room to keep on file in accordance with PCI DSS requirements. Customer agrees to keep all wholesale pricing, terms and conditions confidential. Wholesale pricing, terms and conditions should not be published or discussed with other parties by the customer under any circumstance.

The Rod Room requires a \$2500.00 annual minimum purchase to maintain wholesale level pricing. All new accounts must place an opening order of \$500.00 within 30 days of approval. If you do not meet the annual minimum or cannot provide us with a current business license, then your account will be reset to retail pricing and you must re-apply for a wholesale account and meet the opening order requirement. Previous wholesale privileges do not guarantee your re-approval.

It is the responsibility of the customer to send an updated business license each year. Wholesale customers are expected to place orders in a professional manner via our online store, email, or fax.

The undersigned has read and understands the wholesale application and agrees to the terms and conditions and certifies that the information provided in this application is true and correct.

Signature (Owner)

Date

Printed Name

YOU MUST PROVIDE US WITH A COPY OF YOUR			
CURRENT BUSINESS LICENSE AND TAX ID			
REGISTRATION			
Fax: 251-981-6509 or email contact@therodroom.com			