



## Wholesale Account Application

Rev. 1-21-16

Applicants Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Is physical address listed above a residential address?      Yes      No

Federal Tax ID Number (EIN): \_\_\_\_\_

Business Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nature of business (please circle below):

Manufacturer    Retailer    Rod Builder    Tackle Store    Other \_\_\_\_\_

List the names of employees that you authorize to transact business (for example but not limited to: placing orders, obtaining pricing, discussing account balances) on your behalf:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_



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Signature (Owner)

Date

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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](mailto:contact@therodroom.com)