



WHOLESALE & CREDIT APPLICATION

Thank you for your interest in Transfer Flow products. Please complete this form and email it to Dealers@TransferFlow.com or fax it to (530) 893-0204.

NET 30 TERMS

Allow up to two weeks to establish credit prior to shipping order.

CREDIT CARD

We accept Visa®, Mastercard®, American Express®, and Discover®.

COMPANY INFORMATION

Company _____

Nature of Business _____

Mailing Address _____

City _____ State _____ Zip _____

Shipping Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email _____

Website _____

Corporation Partnership Proprietorship

How many years in business: _____

Annual Sales \$ _____

DUNS Number _____

Note: California companies are required to complete a CA Tax Certificate Form.

NAMES OF CORPORATE OFFICERS

Name _____

Title _____

Name _____

Title _____

AGREEMENT & SIGNATURE

I certify the information provided is accurate and correct. I authorize the above companies to release the necessary information to complete the application.

Name _____

Signature _____

Title _____

Date _____

ACCOUNTS PAYABLE CONTACT

Name _____

Title _____

Phone _____

Fax _____

Email _____

VENDOR REFERENCES

Company _____

Nature of Business _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email _____

Company _____

Nature of Business _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email _____

Company _____

Nature of Business _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email _____

OFFICE USE ONLY

Chad Rocky Pam

Form is complete

Resale number verified

Proof of business attached to application