

INTUITION WHOLESALE/DEALER APPLICATION

EMAIL: INFO@INTUITIONLINERS.COM OR FAX: 604-879-9232

Store Name: _____

Shipping Address: _____

Contact Name for Orders: _____

Phone: _____

Email: _____

Contact Name for Invoicing (if different than above): _____

Phone: _____

Email: _____

Trade References (to establish terms):

<u>Company</u>	<u>Your Acct #</u>	<u>Contact Name</u>	<u>Phone/Email</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Or:

Credit Card for payment at time of order:

Card type: _____ Number: _____ Exp: ___/___ Code (CSV): _____

- Please charge my card automatically for each invoice, as it is billed, until I instruct you to do otherwise.

Cardholder Signature: _____ Date: _____