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WHOLESALE RESELLER APPLICATION

Company Name _____

Contact _____

Billing Address:
 Street/P. O. _____

City _____ State _____ Zip _____

Shipping Address:
 Street Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Cell Phone _____ Fax _____

Email _____ Website _____

Business Type (check one) Store _____ Online _____ Other (type?) _____

Federal Tax ID # _____ Business License # _____

Sales Tax License # _____ Issued by _____

Credit Card # (if you'd like us to keep your credit card number on file) _____ Exp _____

- I certify that I hold the Sales Tax License or Permit Number(s) indicated above and that all information contained herein is accurate and correct. (Please check.)
- I have read and understand the Wholesale Terms and Conditions. (Please check.)
- I have included a copy of our valid business license. (Please check.)

Contact _____
 Company _____

Signature of Authorized Party _____ Date _____

Note: Once submitted, your application for a wholesale reseller account will be placed on hold pending review by www.byannie.com.

In addition to this Wholesale Reseller Application, wholesale reseller approval requires that a photocopy of your vendor's license be on file for our records. The application and copy of the license may be faxed to us at 888-818-9920 or mailed to us at the address above.

Upon review and approval, your login will be adjusted to allow visibility to our wholesaler incentives.

If you have any questions, please contact us. We look forward to helping you grow your business!

We reserve the right to cancel Wholesale Reseller status if terms are not met.