



321 NY-59 SUITE E4 TALLMAN, NY 10982
(845) 244-0897 info@cbddistgroup.com

Application

For CBD Wholesale Account

Business Name: _____ Federal ID / Sales Tax #: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

(If different) Shipping Address:

_____ City:

_____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Business Hours: _____

E-mail: _____ Website: _____ Date of Ownership: _____

Contact Name: _____ Title: _____

Authorized Buyers: These are the ONLY individuals that we can give information to or accept orders from on your account.

1. _____ 2. _____ 3. _____

List All Owners:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

_____ Email: _____

* IF MORE PLEASE ATTACH THEIR INFORMATION WITH APPLICATION

How did you hear about us?

Advertisement Trade Show Email Web Search Other specify: _____