



Wholesale/Reseller Application Form

Company Name _____

Date: _____

Mailing Address _____

City _____

State _____

Zip _____

Physical Address _____

City _____

State _____

Zip _____

Business Phone _____

Business Fax _____

Email Address _____

Resale Permit Number _____

Organization Type (Check one) Public Corporation Private Corporation Partnership Sole Proprietorship
Government Other

Date Business Started _____

Federal Tax ID Number _____

Type of Business _____

We certify that the above is true and correct to the best of our information, knowledge and belief. We agree to all terms according to the terms and conditions as stated by Hellman Production, Inc.

Print Name _____

Authorized Signature _____

Title _____

Date _____