

# Wholesale Account Request



Excite Your Taste Buds,  
Naturally!

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Buyer Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Buyer Email: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Invoicing Email: \_\_\_\_\_

Website: \_\_\_\_\_

Federal Tax ID# / Sales Tax Permit # (if in Arkansas) \_\_\_\_\_

Preferred payment method (Check one)

\_\_\_\_\_ Electronic Invoice Payment (3% convenience fee applied)

\_\_\_\_\_ Check

Shipping/Receiving Contact Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Shipping Email: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Email Form to  
fennelandfirewholesale@gmail.com