

WHOLESALE APPLICATION FORM

Please [download](#) and complete the following application. You may either mail it to us to: P. O. Box 578832, Modesto, CA 95357; fax it to (209) 492-0114; or e-mail it to us at sales@JTSilversmiths.com.

Please remember to sign the application and enclose a copy of your seller's permit. We appreciate your business and look forward to working with you.

Business Information
Parent Company or Branch Names:
Number of Locations:
Phone No.
Fax No.
E-mail:
Billing Address
Address:
City, State, Zip Code:
Country:
Shipping Address
Address:
City, State, Zip Code:
Country:
Permits
Years in Business:
Business License No.:

Resale Permit No.:

City:

State:

Type of Business: ___ Sole Proprietorship | ___ Corporation | ___ Partnership | ___ Other

Name of Principles

Name:

Title:

Address:

City, State, Zip Code:

Country:

Bank References

Bank Name:

Address:

City, State, Zip Code:

Country:

Contact:

Phone No.:

Fax No.:

Business Reference (1)

Company Name:

Contact:

Address:

City, State, Zip Code:

Phone No.:

Business Reference (2)

Company Name:

Contact:

Address:

City, State, Zip Code:

Phone No.:

I hereby certify that all the above information is accurate to the best of my knowledge, I understand that any verbal trade or order placed by a representative of my company creates a binding contract between J T Silversmiths and my company.

In addition, I agree to pay all costs of collection, including reasonable attorney fees and court costs. As principal owner or representative of applicant company, I hereby personally guarantee all debts incurred by said company with J T Silversmiths.

Signature

Title

Print Name

Date