



## Wholesale Application

**P.O. Box 65272**  
**West Des Moines, Iowa 50265**  
**Phone: 515-255-1295**  
**Toll Free: 866-623-4107**  
**Fax: 515-440-1098**

### Business Information

Company Name	State Tax ID:
Contact:	Federal EIN:
Address:	Phone:
	Fax:
	Email:
City	St/Zip:
Type of Business:    Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/> _____	

### Shipping Info (if different from above)

Company Name:	
Attention:	
Address:	Phone:
	Fax:
	Email:
City:	St/Zip:
Preferred Ship Method   Best Way <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input type="checkbox"/> Truck <input type="checkbox"/> _____	
For direct bill shipping to your account:    Carrier _____    Account# _____	
Carrier Phone _____    Carrier Contact _____	

### Where do you bank

Name:	Contact Name:	
Address:	Phone:	Fax:
City	St/Zip:	

### References (Others you do business with)

Name:	Contact Name:	
Address:	Phone:	Fax:
City	St/Zip:	Account Open Since:

Name:	Contact Name:	
Address:	Phone:	Fax:
City	St/Zip:	Account Open Since:

**Tell us about your business**

Where do you sell products?	Trade Shows	Retail Store	Internet	Other
What types of products and/or services do you sell now?				
Do you sell via the Internet?	List Websites:			
How many locations/stores do you have?				
Which of our product lines are you interested in carrying?				
How long have you been in Business:	No of Employees:	Full Time	Part Time	
Is product for resale?	Is product for use within your business?			
Method of Payment?	MC/Visa/Disc	Open Account (application & approval required)		

*Failure to provide accurate contact information may delay your application*

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the viability of wholesale status. I authorize the references in this application to release appropriate information about me and my company.

I hereby certify that I understand that all communications and information that I may receive now and in the future from MBMA Corporation is confidential and is to be kept confidential as specified in the MBMA Corporation confidentiality agreement.

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