



Quality Plants & Service Since 1982

3359 Kesson Rd.  
P.O. Box 353  
Pemberville, OH 43450

Office: 419-287-4679

Fax: 419-287-4509

Please fill out all applicable information. If you have any questions, please contact the Wholesale Department.

**2024 Wholesale Customer Application Form**

Company Name: \_\_\_\_\_

Mailing / Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Shipping / Shop Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Email Address: \_\_\_\_\_

Tax ID number: \_\_\_\_\_ Vendor's License Number: \_\_\_\_\_

**Primary Contact Information**

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Additional Information (if applicable):	Preferred Contact Method (Please circle)	Email Phone Fax
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**Additional Authorized Purchaser Information**

Authorized Purchaser 1: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Purchaser 2: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

If you would like to receive our e-mail newsletter, please sign up on our website under the "Wholesale Inventory with Prices" link under the Wholesale tab.

Office use: QBE  ML/Cat (Ex)

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