

World Wide Chocolate

WHOLESALE APPLICATION

APPLICATION MUST BE FILLED OUT COMPLETELY WITH NAMES AND ADDRESSES BEFORE WE REVIEW.

APPLICATION DATE : _____
FIRM OR CORPORATION: _____ DBA: _____
BILLING ADDRESS: _____
SHIPPING ADDRESS: _____
TELEPHONE NUMBER: _____ FAX NUMBER: _____
EMAIL ADDRESS: _____

THIS IS A: () CORPORATION () PARTNERSHIP () FRANCHISE
 () LIMITED PARTNERSHIP () LIMITED PARTNERSHIP

YOUR BUSINESS BEGAN: _____ TYPE OF BUSINESS: _____

INCORPORATED UNDER THE STATE LAWS OF: _____

FEDERAL TAX ID NUMBER : _____
SOCIAL SECURITY NUMBER : _____

PERSON RESPONSIBLE FOR PAYING THE ACCOUNT: _____
ADDRESS : _____
TELEPHONE : _____

THE OWNERS OR OFFICERS:

	NAME/TITLE	STREET ADDRESS	CITY/STATE	ZIP	HOME PHONE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

PLEASE PROVIDE TWO (2) TRADE REFERENCES-

	NAME/TITLE	STREET ADDRESS	CITY/STATE	ZIP	HOME PHONE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

BANK: _____ BRANCH: _____ ACCOUNT # " _____
ADDRESS: _____
OFFICER HANDLING ACCOUNT: _____ TELEPHONE: _____

PLEASE SIGN STATEMENT FOR BANK: _____
I agree to let the bank & references listed be released on my behalf.

LINES OF CHOCOLATE I AM MOST INTERESTED IN:

1. _____ 3. _____ 5. _____
2. _____ 4. _____ 6. _____

*PLEASE FAX TO (603) 664-9692 OR MAIL TO:

Worldwide Chocolate
Attn: Wholesale Department
174 Route 9, Barrington, NH 03825
www.worldwidechocolate.com