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Wholesale Customer Application

(Legal) Name of Business: _____

Business Type:

Sole Owner _____ Partnership _____ Corporation _____ LLC _____ Other _____ (pls specify)

Billing Address:

Shipping Address:

Street _____

Street _____

Street _____

Street _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

Phone # _____

Fax # _____

eMail _____

website _____

Date Company Formed _____

Federal ID # _____

Resale Tax # _____

Contact Information:

Name: _____

Job Title: _____

Phone & Ext. _____

Fax: _____

Email: _____