



Wholesale Business Account Application

Please complete and email to info@asimpleplanet.com

We are looking forward to partnering with you as a wholesaler with A Simple Planet.

All fields with * must be completed.

COMPANY INFORMATION:

*Business Name: _____ Trade Name (if different): _____

* Type of Business _____

*Address: _____ *City: _____

*State: _____ *Zip Code: _____ *Telephone: _____

* Email: _____

Billing Address (if different): _____

*Years in business: _____

*Federal I.D. Number: _____ *Certificate of Resale Number: _____

CONTACTS:

*Primary Contacts Name & Title: _____

*Phone Number: _____ *E-Mail Address: _____

Primary Buyer/Purchaser Name & Title (if different): _____

Phone Number: _____ *E-Mail Address: _____

ZERO WASTE:

*Wholesale customers must have a zero-waste angle to their business. Please describe one or two of your

zero-waste business practices: _____
