

Parker and Parker Wholesale Application Form

Business Information

Business Name: _____

Contact Person: _____

Business Address: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Phone Number: _____

Email Address: _____

Website: _____

Business Details

Business Type (e.g., Retail, Online, Distributor): _____

Years in Business: _____

Tax/VAT ID Number: _____

Estimated Monthly Order Volume: _____

Preferred Payment Method: _____

Shipping Method: _____

Agreement

By signing below, I confirm that the information provided is accurate and truthful. I understand and agree to the terms and conditions set by Parker and Parker for wholesale partnerships.

Authorized Signature: _____

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Date: _____