



WHOLESALE APPLICATION

Fax: 717.263.1205  Email: wholesale@potomacbeads.com

Name: _____ Date: _____

Company: _____

Bill To Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Other: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____ Website: _____

Tax ID: _____ State: _____ Years Valid: _____

Nature of Business: _____ Year Est: _____

Annual Volume: _____

Application can be faxed to 717.263.1205 or scanned & emailed to: wholesale@potomacbeads.com Please include a copy of your tax ID, and allow up to 48 hours to process. Thank you!

Office Memo:

Received By:
Date:
Approval: