



Wholesale Account Application Form

Company Information

Name / D.B.A. _____
Address _____
City _____ State/Province _____ Zip Code _____
Country _____
Phone _____ Fax _____
E-mail _____
Website _____

Shipping Address (if different from above)

General Information

Main Contact Person Name _____
Phone _____ E-mail _____
CEO/President Name _____
Phone _____ E-mail _____
Company Year Established _____ # of Employees _____
Please briefly describe your business _____

Anticipated Yearly Purchases _____
Sale territory _____

Order Information

Is Merchandise bought from SocksKnee.com for resell? Yes _____ No _____
Resale Certificate # _____ (please attached the copy)
Federal Tax ID # _____

Trade Reference

Company Name _____ Contact Name _____
Phone _____ E-mail _____

Company Name _____ Contact Name _____
Phone _____ E-mail _____

Signing this agreement indicates all the information your filled above is correct.
In addition, you authorize SocksKnee.com to make any and all inquiries necessary to process
this application.

Authorized Person _____
Title _____ Date _____



Wholesale Account Application Form

Filled in *Reseller Application Form* should be sent by e-mail, mail, or fax to:

SocksKnee.com

10821 Shoemaker Ave. Santa Fe Springs, CA 90670

E-mail: support@SocksKnee.com

Fax: 1-877-503-1906

In reply to *Wholesale Account Application Form*, accurately filled and sent to us, after approval, we shall give you the product wholesale price list.