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Wholesale Account Information

Business & Billing Information

Company Name			State Tax ID:
Contact:			Federal EIN/SSN:
Address:			Phone:
			Fax:
City	St	Zip:	Contact Email:
Prefer invoices via Email or Postal Mail?			Invoice Email:
Type of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other			

Shipping Info (Same as above)

Company Name:			
Attention:			
Address:			Phone:
			Fax:
City	St	Zip:	Tracking Email:
Is shipping address Commercial or Residential?			
Preferred Ship Method:			
<input type="checkbox"/> Best Way	<input type="checkbox"/> FedEx Ground	<input type="checkbox"/> UPS	<input type="checkbox"/> USPS <input type="checkbox"/> Spee-Dee Delivery
			<small>(Certain midwest locations only)</small>
Truck (LTL) <input type="checkbox"/> _____			
Direct bill shipping/freight to:			
Carrier _____		Account# _____	
Carrier Phone _____		Carrier Contact _____	

Where do you bank

Name:	Contact Name:	
Address:	Phone:	Fax:
City	St/Zip:	

References (Others you do business with)

Name:	Contact Name:	
Address:	Phone:	Fax:
City	St/Zip:	Account Open Since:

Name:	Contact Name:	
Address:	Phone:	Fax:
City	St/Zip:	Account Open Since:

Tell us about your business – we want to know a little about you

Where do you sell products?	Trade Shows	Retail Store	Internet	Other
What types of products and/or services do you sell now?				
Do you sell via the Internet?	List Websites:			
How many locations/stores do you have?				
Which of our product lines are you interested in carrying?				
<input type="checkbox"/> Original Udder Balm	<input type="checkbox"/> Original Lip Balm	<input type="checkbox"/> Linemans Hand Cream		
<input type="checkbox"/> Private Labelling	<input type="checkbox"/> ubalm Salon Products	<input type="checkbox"/> Other _____		
How long have you been in Business?	No of Employees:	Full Time	Part Time	
Is product for resale?		Is product for use within your business?		
Method of Payment?	MC/Visa/Disc	Open Account (prior approval required)		

Please provide information as accurately as possible.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the viability of wholesale status. I authorize the references in this application to release appropriate information about me and my company.

I hereby certify that I understand that all communications and information that I may receive now and in the future from MBMA Corporation is confidential and is to be kept confidential as specified in the MBMA Corporation confidentiality agreement.

Signature: _____ **Date:** _____