

# Application For Wholesale Business Account

Please complete and fax to 541-488-9490  
or email [contact@brightearthfoods.com](mailto:contact@brightearthfoods.com)

Thank you for your interest in establishing a Wholesale Account with Bright Earth Foods.  
All fields with \* must be completed.

## COMPANY INFORMATION:

\*Business Name: \_\_\_\_\_ Trade Name (if any): \_\_\_\_\_  
\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_  
\*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ \*Main Email: \_\_\_\_\_  
\*Email address for Promotional Materials: \_\_\_\_\_  
Billing Address (if different): \_\_\_\_\_  
\*Years in business: \_\_\_\_\_  
\*Federal I.D. Number: \_\_\_\_\_ \*Certificate of Resale Number: \_\_\_\_\_

## LIST KEY CONTACTS:

\*Primary Manager Name & Title: \_\_\_\_\_  
\*Phone Number: \_\_\_\_\_ \*E-Mail Address: \_\_\_\_\_  
\*Primary Buyer/Purchasing Manager Name: \_\_\_\_\_  
\*Phone Number: \_\_\_\_\_ \*E-Mail Address: \_\_\_\_\_

\*Please select your preferred payment method: \_\_\_ Credit Card/ \_\_\_ 15 Day Credit Terms

---

## If requesting N/15 terms:

\*Accounts Payable Contact: \_\_\_\_\_ \*Telephone: \_\_\_\_\_  
email address: \_\_\_\_\_

\*TRADE REFERENCES (Please list 1 existing vendor relationships that we may reference.)

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_