

VICTORIE INC. WHOLESALE APPLICATION

www.victorie-inc.us

APPLICANT INFORMATION

Please answer all questions correctly for consideration.
Once you have completed this form fax it and a copy of your 501C3 or State Tax Resale License to Victorie Inc.
Fax: 1-866-558-7485

Full Name:

Store/Ministry Name:

Authorized Buyer(s) Name:

501C3 or State Tax Resale License Number:

Name Of Your Organization As It Appears On Your 501C3 or State Resale Certificate:

Phone:

Fax:

Alternate Phone:

Website Address:

E-Mail Address:

Billing Address: Commercial or Residential

Street:

Apt. or Suite:

City:

State:

Zip Code:

SHIPPING INFORMATION

Same Information As Above: Yes or No If different please supply shipping information below:

Street:

Apt. or Suite

City:

State:

Zip Code:

Commercial or Residential

ABOUT YOUR BUSINESS OR MINISTRY

Please give us a brief description of your business or ministry and how Victorie Inc. products will be used.

WHAT METHODS WILL YOU USE TO DISTRIBUTE VICTORIE INC. PRODUCTS

PLACING ORDERS

To avoid possible misunderstanding or error, Victorie Inc., requires all wholesale orders be submitted on-line or in writing via fax, mail, or e-mail. Requests for phone orders will only be considered if the resources listed above are unavailable or for special circumstances, which are determined by Victorie Inc. and may be subject to a 3.5% service fee.

SIGNATURE

Your signature is required that you understand and state all statements are true, and you hereby consent to the Wholesale Agreement hereby stated by Victorie Inc.

Legal Signature and Date: