



## Wholesale Dealer Application Form

Business Name \_\_\_\_\_

Business Website \_\_\_\_\_

*If no website, do you sell online and if so, where?* \_\_\_\_\_

Years in Business \_\_\_\_\_

Business Operations \_\_\_\_\_

*Ex: Faires, e-Commerce, Bricks and Mortar store, etc.*

Business Email \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Type of Business      LLC       Inc.       Sole Prop   
Other: \_\_\_\_\_

Business ID \_\_\_\_\_  
*Tax ID / VAT / SSN*

Business Address \_\_\_\_\_  
\_\_\_\_\_

Shipping Address \_\_\_\_\_  
\_\_\_\_\_

Commercial       Residential

Contact Name \_\_\_\_\_

Contact Email \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Tell us a little about your business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By submitting this application, I, the undersigned, certify that all information on this application are accurate and true to the best of my knowledge. In addition, I acknowledge and understand that the wholesale agreement is strictly offered to customers intended to resell Norhalla, Inc. products and Norhalla, Inc. reserves the right to reject this application or terminate it at any time without notice. This application does not grant credit terms.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Return this completed form to:  
Norhalla, Inc.  
[info@norhalla.com](mailto:info@norhalla.com)