

**BONNIE'S SPORTSWEAR
TRUE TIMBER**

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WHOLESALE LOGIN FORM

PLEASE FILL OUT FORM COMPLETELY

Fill in the pdf form below, then print and fax to the fax number above

BUSINESS NAME _____

COPY OF SALES TAX CERTIFICATE

IF YOUR STATE DOES NOT HAVE SALES TAX A COPY OF YOUR BUSINESS LICENSE

OWNER'S NAME _____

OWNER'S SOCIAL SECURITY NUMBER _____

CONTACT NAME _____

BILLING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

SHIPPING ADDRESS
(If different) _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **FAX** _____

EMAIL OR WEBSITE _____

SHIPPING PREFERENCE (circle one) UPS FEDEX Is your shipping address a residence? _____