

New wholesale account setup

Contact/Buyer Name:

Company Name:

Billing Address:

Billing City, State, Zip:

Shipping Address:

Shipping City, State, Zip:

Preferred phone:

Alternate phone:

Email:

Website:

Federal ID:

State Tax ID:

Time in business:

years

Authorized Signature:

Title:

Date:

By signing this form, you grant permission for Classic Bells to verify this information for accuracy and completeness.
Please email, mail, or fax this form to Classic Bells. Our contact info is provided at the top of the page.