



Trade Account Application Form

COMPANY INFORMATION					
Company Legal Name:					
Company dba Name:					
Web Site:					
Main Phone Number:		Fax Number:			
Contact Name:					
Contact Number:					
Contact Email:					
Billing Address:					
City:		State:		Zip:	
Federal ID Number:			Company DUNS:		
RELEASE & APPROVAL					
By signing this application form, you are hereby agreeing to the following:					
I (we) understand and agree that AKM Partners and its related companies may verify the accuracy of the information stated here.					
Authorized Signature:					
Authorized Name:					
Title:		Date:			

Please print this application form and fax it to us at +1 732 783 0234. You must also attach the following documents:

**Copy of your reseller certificate or state sales tax form
Proof of your federal id number**

Once we receive these documents, we will set you up as a wholesale account (you must already be a registered customer on our site). You will then be able to browse our site with the applicable wholesale discount (sign in required to see the discount levels) Please note that all wholesale trade is prepaid.

**AKM PARTNERS LLC
129 15th Street Brooklyn, NY 11215 TEL: 866 885 8622**