



641 Biltmore Dr. • Virginia Beach, VA • 23454

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## WHOLESALE VERIFICATION FORM

### COMPANY INFORMATION

Store Name: \_\_\_\_\_ Store Phone #: \_\_\_\_\_

Street Address: *(physical location of retail store)* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Store Fax #: \_\_\_\_\_

Is this your shipping address?  yes  no *(If no, please enter that address below)*

Can we mail catalogs to this address?  yes  no *(If no, please enter that address below)*

Do you have a separate office for accounts payable, billing, etc?  yes  no *(If yes, please enter information below)*

Office Mailing Address *(leave blank if not applicable)* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Office Fax #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Owner's Name (s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Buyer's Name (s): \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_

Days & Hours of Operations: \_\_\_\_\_ Website: \_\_\_\_\_

### ADDITIONAL INFORMATION

Type of business:  Corporation  Partnership  Proprietorship  other *(specify)*

Retail license # (a.k.a. State Tax I.D. Number) \_\_\_\_\_

Location of store:  Mall  Shopping Center  Online Web Store  other *(specify)*

Type of store:  Kiosk  Tobacco Shop  Retail Store  Variety Store  Souvenir Shop

other *(specify)*

Types of merchandise sold: \_\_\_\_\_

Years in business: \_\_\_\_\_ Annual Retail Sales Volume: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

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## TRADE REFERENCES

(1) Vendor:	Types of merchandise:	
Account #:	Fax #:	Phone #:
(2) Vendor:	Types of merchandise:	
Account #:	Fax #:	Phone #:
(3) Vendor:	Types of merchandise:	
Account #:	Fax #:	Phone #:
(4) Vendor:	Types of merchandise:	
Account #:	Fax #:	Phone #:
(5) Vendor:	Types of merchandise:	
Account #:	Fax #:	Phone #:

## CREDIT CARD AUTHORIZATION

*This is optional. If you will be purchasing by credit card, we ask that you fill this authorization.  
Note that the complete card info is not required here ~ the full number and verification code will be taken at time of order.*

Is this a corporate card?  yes  no Store name as printed on card: \_\_\_\_\_

Full name of individual, as printed on card: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of card:  VISA  MASTERCARD Last four digits of card: \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

Address to where the credit card billing statement is mailed: \_\_\_\_\_

I, \_\_\_\_\_, (Card Holder) authorize PremiumEcigarette (PremiumEstore LLC) to place on file the credit card information provided above to use as the primary method of payment when making purchases.

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I/We certify that all the information provided on this form to PremiumEcigarette (PremiumEstore LLC) is true and correct. I/We the undersigned hereby personally guarantee all payments of debt when due, for every invoice or claim when due that may arise in the course of our continuing business relationship with PremiumEcigarette. I/We agree to pay the total amount due, including any late fees, returned check fees, court costs, attorney fees and any other fees incurred in the collection of unpaid invoices.*

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

We thank you for filling out this form. We assure you that the information on this form will be held in confidence. Verification of your wholesale status should be completed within 5 working days. This form may be faxed or mailed.