



WHOLESALE ACCOUNT APPLICATION

THIS APPLICATION MUST BE COMPLETED BEFORE
YOU CAN OPEN A WHOLESALE ACCOUNT.

COPIES OF YOUR BUSINESS/ORGANIZATIONAL LICENSE
AND RESALE TAX CERTIFICATE MUST BE PROVIDED.

MUD HOLE CUSTOM TACKLE, INC
400 KANE COURT
OVIDO, FL 32765

(407) 447-RODS (7637) PHONE
(866) 790-RODS (7637) TOLL FREE
(800) 420-6049 TOLL FREE FAX
(407) 447-7640 INTERNATIONAL FAX

EMAIL: SALES@MUDHOLE.COM
WEB: WWW.MUDHOLE.COM

400 KANE COURT
OVIEDO, FL 32765
800-420-6049 FAX
407-478-7640 INT. FAX
SINCE 1976
WEB: WWW.MUDHOLE.COM



WHOLESALE APPLICATION – PAGE 1

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APPLICANT'S NAME _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____ WEB ADDRESS: _____

IS THIS A RESIDENTIAL ADDRESS: YES NO

CORPORATION PARTNERSHIP (Provide a copy of you Certificate)

FEDERAL EMPLOYER ID NUMBER (EIN): _____ DATE BUSINESS STARTED: _____

STATE SALES TAX ID #: _____

STATE INCORPORATED: _____ DATE OF INCORPORATION: _____

SOLE PROPRIETOR (Provide a copy or sales tax ID form)

STATE SALES TAX ID #: _____ ISSUED FROM (STATE): _____

YEARS AT THIS ADDRESS: _____ OWN OR RENT: _____

INTERNATIONAL BUSINESS NUMBER: _____

	NAME OF PRINCIPALS	TITLE	HOME ADDRESS	HOME PHONE NO.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

TYPE OF BUSINESS:

ROD BUILDER TACKLE STORE RETAILER MANUFACTORER OTHER _____

WHOLESALE APPLICATION – PAGE 2

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TRADE REFERENCES:

1. NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

2. NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

3. NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

CREDIT CARD INFORMATION: ALL ACCOUNTS MUST BE PREPAID, CREDIT CARD OR COD ONLY. WE DO NOT OFFER TERMS.

VISA MASTERCARD

EXPIRATION DATE: _____ CARD NUMBER: _____
SIGNATURE OF CARD HOLDER (REQUIRED): _____ DATE: _____

TERMS AND CONDITIONS

THIS APPLICATION IS SUBMITTED IN WRITING FOR THE PURPOSE OF OBTAINING MERCHANDISE FROM MUD HOLE CUSTOM TACKLE, INC. AT WHOLESALE PRICES. I, THE CUSTOMER AUTHORIZE MUD HOLE CUSTOM TACKLE, INC TO OBTAIN TRADE INFORMATION AS DEEMED NECESSARY.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THE WHOLESALE APPLICATION AND AGREES TO THE TERMS AND CONDITIONS AND CERTIFIES THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

SOLE PROPRIETORS AND PARTNERSHIPS:

SIGNED (OWNER/PARTNER) _____ DATE: _____
PRINT NAME: _____ TITLE: _____

SIGNED (OWNER/PARTNER) _____ DATE: _____
PRINT NAME: _____ TITLE: _____

CORPORATIONS:

CORPORATE NAME: _____
SIGNATURE: _____ DATE: _____
PRINTED NAME: _____ TITLE: _____