

Wholesale Application

How did you hear about Bo	ossen? If othe	r, please	specify	how.								
GOOGLE	□ TRADE SHOW]	FAI	MILY/FRIEND			NEWSLETTER	□ F	LYER		OTHER	
What product(s) are you in	terested in?											
□ BOBA ACADEMY	BURSTIN BOBA	G	CU	STOM CUPS			EQUIPMENT	_ J	ELLY/JAMS		PACKAGING	
POWDER MIXES	SNOW IC	SYRUP		RUPS			STORE SUPPLES		APIOCA/ RYSTAL BOBA		TEA	
LEGAL BUSINESS NAME							DBA					
MAILING/BILLING ADDRESS					CITY				STATE	ZIP		
SHIP TO STREET ADDRESS COMMERCIAL RE					NTIAL CITY				STATE	ZIP		
WHAT TYPE OF BUSINESS DO	YOU HAVE/WII	L HAVE?										
BUSINESS STRUCTURE												
☐ CORPORATION DATE STARTED: _				_	☐ SOLE PROPRIETOR DATE STARTED:				OTHERS:			
FEDERAL TAX ID# or SOCIAL SECURITY NUMBER					RESALE NUMBER BUS				BUSINESS L	JSINESS LICENSE NUMBER		
PURCHASING POINT OF CONTACT NAME PHONE NUMBER					FAX NUMBER			EMAIL				
ACCOUNTS PAYABLE CONTACT NAME PHONE NUMBER				FAX NUMBER					EMAIL			
OWNERS, PARTNERS OR OFFICERS 1.					PHONE NUMB				NE NUMBER			
2.												
								'				
TRADE REFERENCE NAMES	CONTACT ADDRESS						PHONE NUMBER FAX N		NUMBER	IMBER EMAIL		
1.												
2.												
3.												
BANK NAME						ADDRESS						
BANK OFFICER						PHONE NUMBER						
ACCOUNT TYPE / ACCOUNT NUMBER						FAX NUMBER						
By signing below, I hereby certify that acknowledge that all products from I will be 'collect on delivery' (COD) be confirmed with a signature at the time applies for item(s) returned within 30	Bossen Food and its ases unless otherwice of delivery. All re	s affiliates is p se stated in a funds/exchan	orohibited nother for ges must l	from resell or d mal agreement. be made within	listributio Bossen I 30 days o	on withou Food and of purcha	t prior permission and app its affiliates will not be re se. No refunds/exchanges	roval. All l sponsible for for any equ	Bossen Food and or damages/missir	its affiliates orde ig item(s) once the	rs he order is	
SIGNITURE					PRINTED NAME & TITLE					DATE		