

Dealership Application

When completed please
fax to 323-962-1068
or mail to:
Wolfcom Enterprises
Attn: New Accounts Department
5910 W Sunset Blvd
Hollywood, CA 90028



Wolfcom Enterprises
5910 W Sunset Blvd
Hollywood, CA 90028
Phone: 323-962-1061
Fax: 323-962-1068

www.wolfcominnovations.com

Dear Prospective Dealer,

Thank you for considering Wolfcom Enterprises as one of your vendors. We would be delighted to add your company to our list of authorized dealerships. Fill out this form completely and either mail, e-mail or fax it back to us along with all of the requested documents (below). We will process the application as quickly as possible, please allow 7-10 days after we receive it to do so. You must include all of the applicable documentation listed below along with a completed Wolfcom Enterprises dealership application in order for us to process your dealership application. If you are an eCommerce business, please include your website address and/or your eBay user ID in the fields below. Simply complete this application and return to our Sales department. *-THANK YOU*

DEALER/WHOLESALE CLIENTS:

1. A properly completed Wolfcom Enterprises dealership application.
2. A properly completed resale certificate (*California applicants only*).
3. A copy of a voided check from your company.
4. A copy of your city's business licenses.

FOR WOLFCOM USE ONLY	
ACCT#	
DEALER INFO SENT: YES NO	
DATE: ___/___/___	

*required sections

*BUSINESS INFORMATION

WEBSITE		EBAY USER ID#	
BUSINESS NAME			
STREET ADDRESS		E-MAIL	
CITY	STATE	ZIP CODE	
PHONE # (SHOP)	FAX #	CELL #	
BUSINESS LICENSE #	SELLERS PERMIT # (CA ONLY)		
PLEASE CHECK ONE THAT APPLIES:	SOLE OWNERSHIP	PARTNERSHIP	CORPORATION
YEARS AT PRESENT LOCATION	PREMISES ARE: RENTED	LEASED	OWNED

*OWNER/OFFICER INFORMATION

OWNER/OFFICER 1	TITLE	PHONE #
ADDRESS		SOCIAL SECURITY #
OWNER/OFFICER 2	TITLE	PHONE #
ADDRESS		SOCIAL SECURITY #
OWNER/OFFICER 3	TITLE	PHONE #
ADDRESS		SOCIAL SECURITY #

*VENDOR INFORMATION – Please list major distributors that sell to you along with

NAME	NAME	NAME
PHONE #	PHONE #	PHONE #
ACCOUNT #	ACCOUNT #	ACCOUNT #

***BANKING INFORMATION**

ACCOUNT #		
BANK NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PERSON	PHONE #	

***CREDIT CARD INFORMATION**

LIST A MAJOR CREDIT CARD HELD BY OWNER OR OTHER OFFICER

CARD #	-	-	-	CIRCLE CARD TYPE: (VISA) (DISCOVER) (MASTERCARD)	CCD 3DIGIT CODE
NAME AS IT APPEARS ON CARD					EXP. DATE: /
BILLING STREET ADDRESS					
CITY	STATE			ZIP CODE	
PHONE NUMBER OF ISSUING BANK					
I ALLOW WOLFCOM ENTERPRISES INC. TO MAKE CHARGES TO THE ABOVE CREDIT CARD IF I CANNOT PRODUCE FUNDS TO COVER ANY OUTSTANDING DEBTS (OVER 30 DAYS) OR CHECKS THAT HAVE BEEN RETURNED TO WOLFCOM ENTERPRISES INC. FOR ANYREASON.					
*CARDHOLDER'S SIGNATURE:					

***REFERENCES – Business or Personal**

NAME	NAME	NAME
PHONE #	PHONE #	PHONE #
RELATIONSHIP	RELATIONSHIP	RELATIONSHIP

*SIGNATURE	TITLE	DATE

***IMPORTANT PLEASE READ:**

WE WILL NOT PROCESS YOUR APPLICATION UNLESS:

ALL REQUIRED FIELDS ARE FILLED OUT AND REQUIRED DOCUMENTATION IS INCLUDED. FAILURE TO DO SO WILL RESULT IN DELAYS AND POSSIBLE REJECTION OF YOUR APPLICATION. THANK YOU FOR YOUR INTEREST IN OUR PRODUCTS.