WHOLESALE APPLICATION FORM

ABOUT YOU First Name: Last Name: Phone Number: Fax Number: Email Address: Billing Address: Shipping Address (if different): ABOUT YOUR STORE Name of Your Store: Tax ID: Website: Type of Business [] Brick & Mortar [] Online [] Both Brick & Mortar & Online **RESALE CERTIFICATE** Check the box below to agree to the Resale Certificate terms and authorize Retired...Let's do Lunch to set up your wholesale account. I will resell the items purchased from Retired...Let's Do Lunch under this Resale Certificate in the form of tangible property during the regular course of my business operations. I will not make use of the items purchased for personal use other than for display or demonstration purposes in association with reselling the tangible property in the coarse of my business operations. I understand that if I use items as such, I will then owe additional use taxes based on the purchase price of each item or as provided by the law. Please include a copy of your Reseller Certificate when sending application.

Upon receiving your application we will reply with our terms and credit card authorization form for you to complete and return to us.

Please FAX to: 760-758-0016 or scan and email to info@RetiredLetsDoLunch.com

