



WHOLESALE RETAIL ACCOUNT APPLICATION

Complete every section & return with required documents.

bb-distro.com
info@bb-distro.com
(346) 676-0029

Return this completed form and the documents listed in Section 6 to info@bb-distro.com or your BB Distro sales representative.

01 BUSINESS INFORMATION

ACCOUNT TYPE

☐ Wholesale Account ☐ Retail / Single Store ☐ Brand / Vendor Partner

OTHER (SPECIFY)

LEGAL BUSINESS NAME

DBA / TRADE NAME (IF DIFFERENT)

LEGAL ENTITY TYPE

☐ Sole Proprietorship ☐ Partnership ☐ LLC ☐ Corporation

OTHER (SPECIFY)

FEDERAL TAX ID / EIN

STATE OF INCORPORATION

STATE RESALE / SALES TAX CERTIFICATE

BUSINESS / RETAIL LICENSE

BUSINESS WEBSITE

YEARS IN BUSINESS

RETAIL LOCATION TYPE

☐ Gas Station / C-Store ☐ Liquor Store ☐ Smoke Shop / Vape Shop

OTHER (SPECIFY)

NUMBER OF RETAIL LOCATIONS

ESTIMATED MONTHLY ORDER VOLUME (\$)

02 PRIMARY CONTACT

CONTACT NAME

TITLE / POSITION

EMAIL ADDRESS

PHONE NUMBER

MOBILE / TEXT NUMBER (OPTIONAL)

BEST TIME TO REACH YOU

03 BUSINESS ADDRESSES

MAILING ADDRESS — STREET

CITY

STATE

ZIP

☐ Billing address same as mailing address ☐ Shipping address same as mailing address*Leave the billing / shipping fields below blank if either address is the same as mailing.*

BILLING ADDRESS — STREET (IF DIFFERENT)

CITY

STATE

ZIP

SHIPPING ADDRESS — STREET (IF DIFFERENT)

CITY

STATE

ZIP

04 ORDER & PAYMENT PREFERENCES

PREFERRED PAYMENT METHOD

☐ Credit Card ☐ ACH / Bank Transfer ☐ Net Terms (Net 30) ☐ COD

ANTICIPATED FIRST ORDER DATE

HOW DID YOU HEAR ABOUT BB DISTRO?

05 TRADE / CREDIT REFERENCES

Required only if requesting Net Terms. Provide two current suppliers or vendors your business purchases from.

REFERENCE 1 — COMPANY NAME

CONTACT NAME

PHONE NUMBER

REFERENCE 2 — COMPANY NAME

CONTACT NAME

PHONE NUMBER

06 REQUIRED DOCUMENTS

Check the documents you are attaching with this application. Applications missing required documents may take longer to process.

- ☐ Business / retail license
- ☐ State resale / sales tax certificate
- ☐ Government-issued photo ID (owner or authorized signer)
- ☐ Voided check (required for ACH payment)

07 AUTHORIZATION & SIGNATURE

I certify that the information provided on this application is true and accurate, and that this account will be used to purchase products for resale in the ordinary course of business. I understand that BB Distro, LLC may request additional documentation and may approve or decline this application at its discretion.

AUTHORIZED SIGNATURE (TYPE FULL NAME)

DATE

PRINT NAME

TITLE