



wholesale account application form

Business Contact Information

Title:			
Full Name:			
Company name:			
D.B.A.:			
Phone:	Fax:	E-mail:	Website:
Registered company address:			
City:	State:	ZIP Code:	
Federal Tax ID #:			
Resale Certificate #:		(Please attached the copy)	
Year Company Established:			
Sole proprietorship:	Partnership:	Corporation:	Other:

Business and Credit Information

Primary business address:			
City:	State:	ZIP Code:	
Telephone:	Fax:	E-mail:	
Bank name:	Phone:		
Bank address:			
City:	State:	ZIP Code:	
Type of account:	Account number:		
Savings			
Checking			

Business/trade references

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	

Agreement

By submitting this application, you authorize La Maison du Macaron to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Title:

Signature:

Date:

Print Name:

Fax the form to 212.462.2577 or e-mail it to annick@nymacaron.com