

Please return:

Fax: 423-376-1515

OR

EMAIL: Wholesale@PiggyBankExpress.com



BECOME A RETAILER REQUEST

Business

Name: _____

Phone(s):-

Delivery

Address: _____

City _____ **State** _____ **Zip** _____

Mailing

Address: _____

City _____ **State** _____ **Zip** _____

Authorizing

Contact/Title: _____

✓

How do you intend to sell?

OnlineStore _____ URL _____ Retail Store(s) _____ # of Stores _____

We are required by the IRS to get a Taxpayer Identification Number from you. Please fill your **Employer Identification Number (EIN)** or **Social Security Number (SSN)** below and sign the officially worded IRS certification.

Name:

Fed ID# _____ - _____ or SSN _____ - _____ - _____

State Resale Tax ID # (if applicable) _____

Signature of Authorized Person _____ Date: _____

ALL INFORMATION PROVIDED
WILL BE HELD IN STRICT
CONFIDENCE