



**Wholesale Account Application**

Company Name:		Contact:	
Address:			
City, State, Zip code:			
Company Website:		Does your company export any goods? Yes / No	
Phone:	Fax:	Email:	Years in Business:

List all retail locations:

List current brands carried:

**DOWN INDUSTRIES CLOTHING**

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<b>References</b> (Please list contact information for three current suppliers)
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Supplier Name:		Contact Name:	
Address:			
City, State, Zip code:			
Phone:	Email:	Years:	Terms:

Supplier Name:		Contact Name:	
Address:			
City, State, Zip code:			
Phone:	Email:	Years:	Terms:

Supplier Name:		Contact Name:	
Address:			
City, State, Zip code:			
Phone:	Email:	Years:	Terms:

Please complete and sign this wholesale application and mail it to: DOWN INDUSTRIES CLOTHING, 12188 Central Ave Unit #355, Chino, CA 91710-2420. Include a copy of your business license, reseller's permit and driver's license as well as any other pertinent information.

By executing this agreement the wholesale buyer certifies that the company is in the business of reselling merchandise and has provided full and proper business and resale license information to DOWN INDUSTRIES™. The wholesale buyer acknowledges and agrees to the terms and policy set forth in the DOWN INDUSTRIES wholesale agreement which is hereto made part of this application.

Authorized Signature

Signed by:	Date:
Print Name:	Title:
Phone Number:	Email: