

**INSTRUCTIONS:**

1. Fill out as much information below as possible.
2. Click Submit, or Fax completed forms to [775-284-3855](tel:775-284-3855)

**SW Sells WHOLESALE ONLY. If you are an end user, do not apply.**

**CONTACT INFORMATION**

|                     |                |                |  |
|---------------------|----------------|----------------|--|
| COMPANY NAME:       |                | EMAIL ADDRESS: |  |
| CONTACT NAME:       |                | ADDRESS:       |  |
| CITY:               | STATE:         | ZIP CODE:      |  |
| WEBSITE:            |                | PHONE NUMBER:  |  |
| RESALE CERTIFICATE# | BUSINESS TYPE: |                |  |

**CURRENT SUPPLIERS**

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ESTIMATED MONTHLY PURCHASE:

COMMENTS/NOTES:

VERIFY ALL THE ABOVE INFORMATION IS CORRECT AND SUBMIT THIS FORM.