



1-877-6FRANCO - Fax: 209-551-6008
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WHOLESALE APPLICATION FORM

Business Name _____

Parent Company or Branch Names _____

Number of Locations _____

Billing Address _____

City _____ State _____ Zip Code _____

Shipping Address _____

City _____ State _____ Zip Code _____

Business Phone () _____ Fax: () _____

Years in Business _____ Resale Number _____

Type of Business - Sole Proprietorship Corporation Partnership Other

Name of Owners

| Title | Name | Address |
|-------|-------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Bank References

Bank Name _____ Contact _____

Address _____ Phone Number () _____

Bank Name _____ Contact _____

Address _____ Phone Number () _____

Business References

| Company Name | Address | Phone Number | Contact |
|--------------|---------|--------------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT ANY VERBAL TRADE OR ORDER PLACED BY A REPRESENTATIVE OF MY COMPANY CREATES A BINDING CONTRACT BETWEEN FRANCO SILVERSMITHS COMPANY AND MY COMPANY. IN ADDITION, I AGREE TO PAY ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES AND COURT COSTS. AS PRINCIPAL OWNER OR REPRESENTATIVE OF APPLICANT COMPANY, I HEREBY PERSONALLY GUARANTEE ALL DEBTS INCURRED BY SAID COMPANY WITH FRANCO SILVERSMITHS.