

***Tap Associates, Inc.***  
**Wholesale/Web Account Application**  
**Fax to: 209-742-4551**

Name of Business \_\_\_\_\_

Remit Address: \_\_\_\_\_

Shipto Address: \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

Business Phone \_\_\_\_\_ FAX: \_\_\_\_\_

Email Address \_\_\_\_\_ Web Site \_\_\_\_\_  
(activation sent to this address)

***Please Provide a Separate List of Credit Reference Information***

Description of Business \_\_\_\_\_

Number of years in industry \_\_\_\_\_ Tax ID# \_\_\_\_\_

Resale No. \_\_\_\_\_ Supplier No. Assigned \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Name

Authorized Buyers/Locations:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_