



WHOLESALE CUSTOMER APPLICATION FORM

Trading name of business _____

Registered name of business _____

Incorporated form of business _____

Reg. Number of incorporation _____

VAT registration number _____

Company e-mail address _____

Contact number _____

Name of business owner(s) _____

ID of business owner _____

Name of buyer(s) _____

Business activities _____

Physical delivery address _____

Trade references

Company Name	Contact person	Contact number	Physical Address
1)			
2)			
3)			

By Submitting this application, I, the undersigned, certify that all the information in this application are accurate and true to the best of my knowledge. In addition, I, the undersigned, acknowledge and understand that the wholesale agreement is strictly offered to customers intended to resell our sourced products and Source Panama Freezone reserves the right to reject this application or terminate it at any time. This application does NOT grant credit terms. A separate form is available for this purpose.

Signature: _____ Title: _____

Print Name: _____ Date: _____