



Wholesale Application
Sign and Fax to 925.349.4050

Company Details

First Name: _____
Last Name: _____
Email Address: _____
Website Address: _____

Company Details

Company Name: _____
Company's tax id number: _____

Your Address

Street Address: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____

Your Contact Information

Telephone Number: _____
Fax Number: _____

Additional Information (Required)

For us to process your application, we require a copy of the business license AND photo identification with your signed application. SEE PAGE 2...

Terms and Conditions

In submitting this application to become a wholesale vendor of Perfect Locks, you confirm that you will be reselling **all** products purchased at distributor pricing from Perfect Locks and that you will not be the final consumer of such products. By signing this form you are authorized to make purchases on behalf of the above mentioned company.

As a wholesale vendor of Perfect Locks, you will have access to proprietary discount pricing that you shall not share with anyone outside your organization. This is sensitive information.

Please allow up to 2 business days for us to approve your application.

Prices are subject to change anytime.

Perfect Locks reserves the right to terminate the wholesale relationship at any time.

Perfect Locks Retailers must submit the following documents:

- A photocopy of your current business license or state registration.
- A copy of photo identification (ie. Driver's license, passport, etc.)
- Seller's permit (only in the state of California).
- This signed application form.

For us to consider your application, you must fax the document copies with this signed form to **925.349.4050 or email scans to sales@perfectlocks.com.**

I have read and understood the Terms and Conditions.

I certify, under penalty of perjury, that all information provided above is true and correct.

Your Authorization

Signature: _____

Date: _____