



1500 Shelton Drive, Hollister CA 95023
Phone # (800) 642-9988 Fax # (831) 636-9464

This is to be qualified as a wholesale customer. This form must be filled out completely and returned to us via fax or mail before an account number or order can be processed. Please read this form thoroughly and understand that this is NOT an application for an OPEN account (net 30) but for you to be able to purchase the quality products that All-Rite carries.

Company Information

Company Name: _____

Company Phone #: _____ Company Fax #: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Owners Name: _____ Email: _____

Parts Dept contact Name: _____ Email: _____

Accounts Payable contact Name: _____

Business License #: _____ Resale Permit #: _____

Principal Business or Product: _____

How Long in Business: _____ Previous Businesses (if any): _____

Type of Business: Corporation Sole Proprietorship General Partner Limited Partner

How were you referred to All-Rite? _____

Owners Information (Optional)

Home Address: _____

City: _____ State: _____ Zip: _____

To the best of my knowledge the above information is true. I completely understand that this is not an application for credit but for an account to purchase from All-Rite. I agree that once I have been issued an account number that I will be responsible for any and all charges made to the account.

Print Name: _____ Signature: _____

Date: _____ ***MUST ATTACH A COPY OF YOUR BUSINESS LICENSE***