# Moore Signature Deals - Wholesale Account Application

**Business Information:**

Business Name: _____

Business Type (LLC, Sole Proprietor, etc.): _____

Business Address: _____

City: _____ State: _____ ZIP Code: _____

Business Phone: _____

Business Email: _____

Website (if applicable): _____

Tax ID/EIN: _____

**Primary Contact Information:**

Full Name: _____

Job Title: _____

Contact Phone: _____

Contact Email: _____

**Business Details:**

How did you hear about Moore Signature Deals? _____

Estimated monthly purchase volume: $_____

What products are you interested in purchasing? _____

Do you currently work with other wholesale suppliers? (Yes/No)

**Agreement & Signature:**

By submitting this application, I certify that the above information is accurate.
I understand that approval is subject to verification and Moore Signature Deals reserves the right to decline applications at its discretion.

Signature: _____ Date: _____