

PHONE 419-445-4200 \* FAX 419-445-4202. EMAIL: [MARY@LIFESONGMILESTONES.COM](mailto:MARY@LIFESONGMILESTONES.COM)

**Store Information:**

Store Name \_\_\_\_\_

Physical Address \_\_\_\_\_ Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Billing City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Year Established \_\_\_\_\_ Years at Location \_\_\_\_\_

Owner Name \_\_\_\_\_ Billing Email \_\_\_\_\_

Buyer(s) Name(s) \_\_\_\_\_ Buyer Email(s) \_\_\_\_\_

**Bank Information:**

Bank Name \_\_\_\_\_

Bank Address, City, State, Zip \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Phone \_\_\_\_\_ Bank Contact Person \_\_\_\_\_

**Credit References:** [Four with whom you have established credit]

Name	Phone Number	Account Number
_____	_____	# _____
_____	_____	# _____
_____	_____	# _____
_____	_____	# _____

We certify that under **Sales & Use Tax I.D. #** \_\_\_\_\_ we are entitled to a trade discount for resale purposes **in the State of** \_\_\_\_\_ and are registered to collect sales tax, and that the credit information given herein is correct to the best of our knowledge. I, the undersigned, being a duly authorized individual, do authorize contact with the above listed references for the purpose of obtaining credit information for consideration of this application.

**Federal Tax ID #** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**