

SASSY SEASONINGS WHOLESALE PARTNER APPLICATION

Please enter the following information and submit to:

U.S. Mail: Sassy Seasonings, Inc., Hart, MI 49420

Primary Billing Address _____

Company Name: _____

Contact Name: _____

Phone: _____

Fax: _____

Email: _____

Sales Tax Permit #: _____

State of Permit: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Primary Shipping Address

Check here if Shipping Address is same as Billing Address.

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone: _____

Fax: _____

Credit Card Information

Name on Card: _____

Credit Card Type: _____

Card Number: _____

Expiration Date: _____

Brief Description of your Business

Please give us a brief description of your business.

You may also include any comments or special concerns.

Web Site Link (optional)

If you have a Web site, please enter the URL below.

(Example: "www.companyURL.com")

Web Site: _____