

Lynx Lighting

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Wholesale Customer Information Sheet

Name of Business: _____

Contact Information:

First Name _____ MI _____ Last Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax number _____

Email Address _____ Website _____

Company Information:

Type of Business (Primary) _____

In Business Since _____ Name of Parent Company _____

Legal Form Under Which Business Operates: Corporation Partnership Proprietorship

Name of Principal Responsible for Business Transactions _____

Title _____

Ship To Address (if different from above) _____

City _____ State _____ Zip _____

****We must have a copy of your **Sales Tax Certificate** for you to be eligible for non-taxable wholesale pricing****

If you only have a Business License, you may still purchase at wholesale pricing, *but you will be charged Sales Tax.*