



## Request for Free Wholesale Membership

Company Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Store Name /Vendor License: \_\_\_\_\_  
License #: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Resale Certificate #:: \_\_\_\_\_  
State: \_\_\_\_\_  
Fed. ID.: \_\_\_\_\_

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### Note

*A valid state sales tax permit number is required to certify that the products are being purchased for resale.*

**Please e-mail to [wholesale@discorama.com](mailto:wholesale@discorama.com) or fax to 1(212) 741-0809**  
**Your request will be process as soon as possible.**  
**Thank you for your inquiry.**