

KUNGFUMOVIES,LLC WHOLESALE APPLICATION

Fill out application and fax to 301-574-5204 along with your resale license. We will email or call you when your account is setup.

Application Date _____

BILL TO ADDRESS:

Company Name _____

Street Address _____

City, State, Zip Code _____

Phone Number _____ Fax _____ email _____

SHIP TO ADDRESS (IF DIFFERENT FROM BILLING ADDRESS):

Company Name _____

Street Address _____

City, State, Zip Code _____

Phone Number _____ Fax _____

Federal ID # _____ Dun&Bradstreet ID# _____

Contact Name _____ Title _____

Company is a: _____ Corporation _____ Partnership/Proprietorship _____ L.L.C.

PLEASE LIST OWNERS / OFFICERS OF COMPANY

NAME	TITLE	ADDRESS	PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE ATTACH SALES TAX EXEMPTION CERTIFICATE

TRADE REFERENCES (Please include 2 or more)

Business Name _____ Business Address _____

City, State, ZIP _____ Phone Number _____

Contact Name _____ Fax Number _____

Business Name _____ Business Address _____

City, State, ZIP _____ Phone Number _____

Contact Name _____ Fax Number _____

Authorized Signature on Behalf of Company Applying

Printed Name & Title _____