



1340 Specialty Dr, suite I
Vista, CA 92081
(888.551.1250 phone/fax)
www.bloomingbath.com

Blooming Bath Reseller Application

Firm Name: _____

Contact person: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of business: _____ Year business opened: _____

Phone: _____ Fax: _____

Website: _____

Email: _____ Federal ID# or SS# : _____

Principals name: _____

Resale Certificate #: _____ (Please email or fax copy)

Bank Reference

Name: _____ Account # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date account opened: _____

Trade References

Firm name: _____ Phone: _____

Firm name: _____ Phone: _____

Firm name: _____ Phone: _____

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs.

Company: _____ Date: _____

Signature: _____ Title: _____

Please print your name: _____

We Look Forward to Becoming a Valued Supplier