pHive.8
distribution

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Company Name: _____ DBA: _____

Primary Contact: _____ Owner: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Website: _____ Accts: Payable Contact: _____

Ship to Address: (If different from above) _____

Type of Business: Corporation ☐ Patnership ☐ Sole Proprietorship ☐ LLC ☐

Resale Permit / License #: _____

Year Established: M M D D Y Y Y Y Size: _____ Sq. Ft

Trade References:

1.) Company Name: _____ Contact Name: _____

Address: _____

City: _____ St: _____

Zip: _____ Phone: _____

2.) Company Name: _____ Contact Name: _____

Address: _____

City: _____ St: _____

Zip: _____ Phone: _____

3.) Company Name: _____ Contact Name: _____

Address: _____

City: _____ St: _____

Zip: _____ Phone: _____

I declare the aforementioned information to be true and accurate. By submitting this application, I authorize pHive.8 to make inquiries into the business/trade references I have supplied.

Submitted By: (Print Name) _____ Date: M M D D Y Y Y Y

Signature: (Authorized Representative) _____ Title: _____