



1904 UNION STREET - CLEARWATER FL 33763

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WHOLESALE ACCOUNT APPLICATION

Date: ____ / ____ /201____ Time Zone: _____

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ E-Mail: _____

Phone: _____ Ext: _____ Fax: _____

Type of Business: _____

Years in Business: _____ State Resale Cert#: _____

Current Vendor (s): _____

Please list product categories you wish to buy.

Product Interest: _____

Fax with State Resale Certificate to 866-737-1732

Please complete this application and fax or email with a copy of your valid State Resale Certificate to 866-737-1732 or sales@phoenixorion.com. We will email your wholesale account information upon approval.

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