



Wholesale Application

Date _____

Company Name _____

Name of Contact _____

Company Address: _____
(Suite/Dept)

(City) _____ (State) _____ (Zip) _____

(Country)

Telephone No

Email Address

Website Address

Please Provide Any Applicable:

Business License# _____ Federal ID# _____

SSN of Proprietor _____ State/Local Tax Exempt # _____

Company Type

Sole Proprietor

LLC

INC

Corp/S-Corp

Other

Shipping

Would you like us to charge your UPS Account for Shipping Costs?

Yes

No

If YES, UPS Account # _____

Shipping Address if Different than Above:

(Suite/Dept)

(City)

(State)

(Zip)

(Country)

I certify that all the information provided is correct and current. I understand that if any information changes, I must Notify RugSafe USA, LLC immediately. I understand that approval for wholesale status does not guarantee any rights, credit terms, or additional privileges other than what is outlined in the wholesale program. I understand that I do not qualify for wholesale orders if I do not meet the required MOQ for each purchase, and that the wholesale program may change at any time and that it is my responsibility to keep informed of any changes.

Date _____ Signature _____



RugSafe USA, LLC
Blanket Safe Products

36204 Old Ocean City Road
Willards, MD 21874

Payment Accepted: Checks (made out to RugSafe USA, LLC), Invoices Sent via Quickbooks, Paypal, Square per your preference