



Wholesale Application

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel No.: _____ Fax: _____

e-mail address: _____

Tax ID No.: _____

Comments: _____

Signature: _____

Title: _____

Directions: Please complete and fax back to our office at 845-987-9843 for prompt consideration.
Thank you for taking the time to complete this application.

The Ajello Family