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WHOLESALE ACCOUNT APPLICATION

BUSINESS INFORMATION

BUSINESS NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

BUSINESS WEBSITE: _____

BUSINESS TAX ID: _____

RESELLER PERMIT (California Customer Only): _____

BUSINESS DISCRIPTION: _____

***IF YOU ALREADY HAVE AN ACCOUNT ONSITE, PLEASE INDICATE YOUR ACCOUNT EMAIL/USER NAME BELOW:**

CONTACT INFORMATION

CONTACT NAME: _____ TITLE: _____

EMAIL: _____ OFFICE NUMBER: _____

MOBILE (Optional): _____ FAX: _____

HOW DID YOU HEARD FROM US?

GOOGLE CATALOG FACEBOOK TWITTER PINTEREST INSTAGRAM

WEBSITE: _____

OTHER: _____

**ONCE YOUR ACCOUNT APPROVED, PLEASE ALLOWED 1-2 BUSINESS DAYS FOR US TO SET UP YOUR ACCOUNT ONSITE.*

SIGNATURE _____

DATE _____