

Thanks for your interest in carrying Educational Science products in your store! Please set up an account at our new website, complete the form below and submit to register as a wholesale vendor. After reviewing this information we will contact you shortly, typically within 48 hours.

WHOLESALE APPLICATION FORM

BUSINESS INFORMATION								
Company name						Date business commenced		Notes:
DBA or AKA					☐ Sole proprietorship			
State TAX Certificate No.					☐ Partnership			
Federal Tax ID						☐ Corporati	on	
Registered company address City, State ZIP Code						☐ Other☐ Residenti	al Address	
CONTACT INFORMATION								
Primary Contact							Notes:	
Position								
Phone No.								
Fax No.								
E-mail								
SHIPPING INFORMATION								
Ship to					Phone		Notes:	
Address					Fax			
City, State ZIP Code		E-mail						
		Other						
PAYMENT INFORMATION								
Primary Card:		Visa Master Card American Express Discover PayPal					Billing Address if different from Business Address:	
Credit Card #							Street:	
Expiration Date:						City:	City:	
Name as appears on card							State:	
Card Verification Number							Zip Code:	
SHIPPING ADDRESS: Claims arising from invoices must be made within seven working days.								
SIGNATURES								
Signature								
Name and Title								
Date								

Along with the above information we'll also need a copy of your RESALE TAX CERTIFICATE FAXED TO (281) 557-4340.