



The EnergyStore

Renewable Power Solutions

WHOLESALE APPLICATION

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

e-mail: _____ Web: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Company Type:

Sole Proprietor

Corporation

LLC

Partnership

Federal ID #: _____ Sales Exempt #: _____

Names of Owners, Partners, or Officers:

Name	Title	Home Address	Phone

Company Type: HVAC _____ Plumbing _____ Electrical _____ Other _____

License Held: Type: _____ Number _____

Signature: _____ Date: _____

Printed Name: _____ Title: _____