

# Artisan Pantry.com

2986 Bottineau Green Bay, WI 54311 920-217-8720 Fax: 920-406-0852  
www.artisanpantry.com

## Wholesale Customer Profile

To become an approved wholesale customer, please complete this form and fax it to Artisan Pantry along with a copy of your state sales tax certificate.

Buyer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_ Email \_\_\_\_\_

Website address \_\_\_\_\_

**Billing Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State Sales Tax No \_\_\_\_\_ Fax \_\_\_\_\_

**Shipping Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Store Type:

Cheese House       Retailer       Internet

Wine Shop       Gift Basket Company       Grocery

Other \_\_\_\_\_

What is the best way to contact you about your order?       telephone       mail       email       fax

What is the best time of day to contact you? \_\_\_\_\_

How would you like to learn about new products and specials?       telephone       mail       email       fax

Comments \_\_\_\_\_

I certify that all the information on this form is correct.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_

At Artisan Pantry we are concerned about your security. We will not give out or sell your information to anyone for any reason. For full details **please read the online privacy policy at [www.artisanpantry.com](http://www.artisanpantry.com)**.

For Office Use Only:

Email Address \_\_\_\_\_ Password \_\_\_\_\_ Date Activated \_\_\_\_\_