



Viking Woodcrafts

205 South State Street

Waseca, Mn 56093

Fax 507-835-3895

Email viking@vikingwoodcrafts.com

Wholesale Dealer Application

Date _____

Business Name: _____

Business Address: _____

Business Phone: _____

Business email: _____

Fax Number: _____

Business website: _____

Owners/Officers:

Please List: name, home address & home phone number:

Type of Business: ___ Individual ___ Partnership ___ Corporation

How long in business? _____

Nature of Business: ___ Arts & Crafts Supplier Retailer ___ Gift Retailer ___ Teacher

___ Professional Crafter ___ Manufacturer

Payment Options: We accept Visa, MasterCard or American Express

Business Owner's Signature _____

Blanket Resale Exemption Certificate:

Note: Please Complete And Return. Sellers Must Keep This Certificate On File.

I, The Undersigned Purchaser, Hereby Certify That I Am Engaged In The Business Of Selling

And that the tangible personal property described herein which I shall purchase from Viking Woodcrafts, Inc., will be resold by me: provided, that if any such property is used for any purpose other than retention, demonstration or display while holding it for sale in the regular course of business, it is understood that I am required to report and pay the tax measured by the purchase price of such property.

Description of property to be purchased for resale:

Purchaser's Business Name (Please Print Clearly)

Street Address

City, State And Zip

Signature

Purchaser's Sales & Use Tax Account Number

Thank you for requesting our Customer Application.

The completed application may be returned by mail, fax or email. If you have questions on filling out the form, please call us at 507-835-8043. If returning by mail, please send it to the address to the right.

Upon the return of the application, we will mail you the discount schedule.

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