



**New Account Application Form**

**Date:** \_\_\_\_\_

We appreciate your interest in offering Yellowstone Bees® Natural Body Care products to your customers. We have no minimum orders. You may order whatever quantities you wish, either in case pack sizes or individual units. For your first order, we highly recommend that you contact us to discuss the best product mix for your store and your customers. We want to ensure your success with Yellowstone Bees® products!

To get started, please complete this New Account Application form and the Uniform Sales & Use Tax Certificate. Mail or fax both forms to Yellowstone Bees:

366 Gallatin Park Drive, Ste A  
Bozeman, MT 59715  
Ph: 1-888-530-5601  
Fax: 1-406-624-0107  
Email: [info@yellowstonebees.com](mailto:info@yellowstonebees.com)  
[www.yellowstonebees.com](http://www.yellowstonebees.com)

Remittance of these documents does not indicate approval. Please allow 1-2 weeks for your initial order to be reviewed and approved. By placing your initial order with Yellowstone Bees® Inc, you agree to our Merchandising Policies for our wholesale partners. All first orders must be paid with Credit Card, Money Order or Check. We accept Visa, MasterCard, American Express, and Discover. You may request credit payment terms with your second order. Please submit the Credit Application Form for review and approval.

**Company Information**

Legal Name of Business: \_\_\_\_\_  
DBA/Name: \_\_\_\_\_ Parent Company: \_\_\_\_\_  
Business Type: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
Website: \_\_\_\_\_ Resale #: \_\_\_\_\_ Issue State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: Partnership\_\_\_ Sole Proprietor\_\_\_ Corporation\_\_\_ LLC\_\_\_  
If Corporation or LLC: Year Incorporated \_\_\_ State Incorporated\_\_\_ Federal ID# \_\_\_\_\_  
President: \_\_\_\_\_ Phone: \_\_\_\_\_  
If Individual or Partnership: Principal Owner(s): \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
\_\_\_\_\_  
Special Billing Instructions (if any): \_\_\_\_\_  
\_\_\_\_\_

**Shipping Address:** \_\_\_\_\_  
\_\_\_\_\_  
Special Shipping Instructions (if any): \_\_\_\_\_  
\_\_\_\_\_

**Contacts** (provide name, phone and email for each):  
Buyer \_\_\_\_\_  
Accounts Payable \_\_\_\_\_  
Owner \_\_\_\_\_

The undersigned understands and agrees to adhere to all policies set forth by Yellowstone Bees® Inc.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_