



ARMSTRONG GLASS COMPANY

55 CHASTAIN ROAD, SUITE 107
KENNESAW, GEORGIA 30144
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wholesale@armstrongglass.com
www.wholesale.armstrongglass.com

WHOLESALE BUSINESS APPLICATION

Business Name _____

Billing Address _____

Shipping Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ E-mail _____

Website _____

Name of Owner _____ Years in Business _____

Business Entity: Corporation _____ LLC _____ Partnership _____ Sole Proprietorship _____

Who is your current primary supplier? _____

Wholesale Purchasing Requirements:

Opening order must be a minimum of \$500. If you have an invoice from a legitimate wholesaler dated within 6 months of your initial purchase, the opening order will be reduced to \$250.

You must maintain a minimum of \$1,000 in annual merchandise purchases, excluding shipping and packing fees.

In order to qualify for sales tax exemption we must have a copy of your current Resale Sales Tax Certificate from the state department of revenue of the state in which you do business. All information on the certificate must match your current business information.

Copy of a Business check with your business name on the check

Signature Title Date Signed