



DEER DEFEAT

"IT CAN'T BE BEAT"



Wholesale Account Application

Fill out (please print) and sign the form, then mail or fax back to

Deer Defeat LLC

Phone: 518-755-1086

PO Box 297

Fax: 866-809-8124

Red Hook NY 12571-0297

Company Name: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Name of Officer or / Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Check one: Proprietorship Partnership Corporation Tax ID # _____

Proprietorship or Partnership: Please Print

Name of Owner/s	Home Address	City	State	Zip

Please attach a copy of proof of establishment such as Business License, Occupational License, or Sales Permit.

I / We certify that all statements given are true and complete to the best of our knowledge.

Authorized Signature	Date	Authorized Signature	Date
Print Above Name		Print Above Name	

Type of Credit Card: Visa Master Card Amex Discover

Credit Card Number: _____ Expiration Date: _____

3 Digit **CVC** credit card information number on back of card: _____

For us to accept your personal or company checks, please fill out the form below.

Name of Bank: _____ Branch: _____

Account #: _____ Routing: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Phone#: _____

Fax #: _____

Trade References:

1: _____

2: _____

3: _____