



Wholesale Account Application

Account Type (Gym, Retail or Online shop): _____

Business Name: _____

Contact Person: _____ Title: _____

Business Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

e-mail: _____ Website: _____

Resale Tax Certificate/ FEIN/VAT (if applicable) : _____

Shipping Information : Same as above

Shipping Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Note: Please attach business card , gym or school flyer.

Email this form to wholesale@dragondo.com