BFGDistribution™

Wholesale Customer Application

B2B WHOLESALE ACCOUNT · LICENSED BUSINESSES ONLY

sales@bfgwholesale.com · (833) 211-2113 · bfgwholesale.com

Thank you for your interest in partnering with BFG Distribution. Complete this form on screen or print it, sign it, and upload it on our Join Us page (bfgwholesale.com/join-us) or email it to sales@bfgwholesale.com with your resale certificate. Fields marked * are required.

1 BUSINESS INFORMATION

Legal business name *

DBA / store name

Business type *

☐ Smoke shop ☐ Convenience store / gas station ☐ Gift / specialty shop

☐ Distributor / wholesaler ☐ Other:

Federal EIN * | State sales-tax ID * | Resale certificate no. | Years in business

Business phone * | Business email * | Website / social media

2 BUSINESS ADDRESS

Physical store location — no P.O. boxes

Street address * | Suite / unit

City * | State * | ZIP code *

3 SHIPPING / DELIVERY ADDRESS

☐ Same as business address

Ship-to name | Street address | Suite / unit

City | State | ZIP code | Receiving hours

4 CONTACTS

Owner / primary contact * | Title *

Phone * | Mobile / WhatsApp | Email *

Accounts payable contact | AP phone | AP email

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5 ORDERING & PAYMENT PREFERENCES

How will you place orders?

☐ Online (website) ☐ Phone ☐ WhatsApp / text ☐ Sales rep visit

How would you like to receive orders?

☐ Parcel / freight shipping ☐ BFG local delivery (≈200 mi) ☐ Pickup — Raleigh warehouse

Preferred payment method

☐ Credit / debit card on file* ☐ ACH / bank transfer ☐ Other: _____

* Paying by card? Complete the separate Credit / Debit Card Authorization Form. For your security, do not write card numbers on this application.

6 DOCUMENTS CHECKLIST

Attach with this application

☐ Resale / tax-exemption certificate (NC E-595E, SST, MTC or your state form)

☐ EIN letter (CP 575 / 147C) or state sales-tax registration

☐ Credit / debit card authorization form (if paying by card)

☐ Business / tobacco-retail license (if required by your state)

7 APPLICANT CERTIFICATION

By signing below, I certify that: (1) the information in this application is true and complete; (2) the business named above is a licensed business purchasing products for resale and not for personal use; (3) the business will comply with all applicable federal, state and local laws, including minimum-age sales, licensing and tax requirements; (4) I agree to the BFG Distribution Terms & Conditions at bfgwholesale.com/terms; and (5) I authorize BFG Distribution Inc. to verify the information and documents provided. BFG may approve or decline any application at its discretion.

Authorized signature (type or sign) *

Printed name *

Title *

Date (MM/DD/YYYY) *

FOR BFG OFFICE USE ONLY

Account no. | Price level | Sales rep | Credit terms

Approved by | Date approved | Documents verified by | Notes

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