



L. J. Lapide, Inc.
WHOLESALE APPLICATION

Please fill out this application and either send it to us via email (bklynplant@gmail.com) or bring it with you in-store (26 S Market St Brooklyn, NY 11236)

SECTION A: BUSINESS INFORMATION

BUSINESS NAME:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

BUSINESS CONTACT NAME:

CONTACT PHONE:

CONTACT FAX:

CONTACT EMAIL:

PROOF OF BUSINESS: ☐ Vendor's License ☐ Business License
*Please mark one & ☐ Tax Exempt/Resale Certificate
attach the file. ☐ Business Card w/ Contact Name

SECTION B: TAX INFORMATION

Are you claiming state sales tax exemption? ☐ YES ☐ NO
Are you claiming resale status? ☐ YES ☐ NO

If you selected yes for either option, please provide a NY State specific Tax Exemption/Resale certificate with TAX EIN #.

Applicant Signature:

Date:

Print Name:

**Please
Provide
Photo ID**