



New Account Application and Agreement

To be completed by the dealer and reviewed by a Klean Kanteen representative. For exclusive use of Klean Kanteen.
 Please fill out all pages completely: incomplete applications will result in delays.
 Return by Fax to Klean Kanteen Fax: 530-345-3568 or email: wholesale@kleankanteen.com

Each sales channel will need to be approved before resale

Brick and Mortar Store:	<input type="checkbox"/>
Co-Brand Custom Bottles:	<input type="checkbox"/>
E-Commerce/Online Store:	<input type="checkbox"/>
Event - Bottles or Pints:	<input type="checkbox"/>
Non-Profit:	<input type="checkbox"/>

<u>SOLE OWNERSHIP:</u>	<input type="checkbox"/>
<u>PARTNERSHIP:</u>	<input type="checkbox"/>
<u>CORPORATION:</u>	<input type="checkbox"/>
<u>LLC:</u>	<input type="checkbox"/>
<u>OTHER:</u>	<input type="checkbox"/>

For Office Use Only

Rep: _____

Sales: _____

Credit: _____

Applicant has owned business since	Start date of business:	Estimated annual sales:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Firm Name <input style="width: 100%;" type="text"/>		
Doing Business As <input style="width: 100%;" type="text"/>	Web Site <input style="width: 100%;" type="text"/>	
Billing Address <input style="width: 100%;" type="text"/>	City <input style="width: 100%;" type="text"/>	State <input style="width: 100%;" type="text"/>
		Zip Code <input style="width: 100%;" type="text"/>
Shipping Address (if different) <input type="checkbox"/> Residence <input type="checkbox"/> Commercial <input type="checkbox"/>		
City <input style="width: 100%;" type="text"/>	State <input style="width: 100%;" type="text"/>	Zip Code <input style="width: 100%;" type="text"/>
Phone 1 <input style="width: 100%;" type="text"/>	Phone 2 <input style="width: 100%;" type="text"/>	Fax <input style="width: 100%;" type="text"/>

Channels Sold – Check all that apply

Outdoor:	<input type="checkbox"/>
Grocery:	<input type="checkbox"/>
Gift/Baby/Housewares:	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Please Specify Other:	<input style="width: 100%;" type="text"/>

How many locations?

Resale # <input style="width: 100%;" type="text"/>	Federal Tax ID # <input style="width: 100%;" type="text"/>	501(c)3 info for non-profits <input style="width: 100%;" type="text"/>
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Buyer Name <input style="width: 100%;" type="text"/>	Buyer Email <input style="width: 100%;" type="text"/>
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Accounts Payable Contact <input style="width: 100%;" type="text"/>	Accounts Payable Email <input style="width: 100%;" type="text"/>
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Accounts Payable Phone <input style="width: 100%;" type="text"/>	Vendor Compliance Guide <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please send a copy with application	





Owner/ Principal Name
[]

Title
[]

Owner/ Principal Name
[]

Title
[]

Please choose your preferred Shipping Method from the choices below:

Preferred Ship Method – USA	Preferred Ship Method – Canada	Preferred Ship Method – International
<input type="checkbox"/> UPS Ground <input type="checkbox"/> USPS	<input type="checkbox"/> UPS Ground (*) <input type="checkbox"/> USPS (*)	<input type="checkbox"/> USPS <input type="checkbox"/> Bestway
<input type="checkbox"/> FedEx <input type="checkbox"/> Bestway	<input type="checkbox"/> Bestway <input type="checkbox"/> Freight Collect	<input type="checkbox"/> Freight Collect
<input type="checkbox"/> Freight Collect	<input type="checkbox"/> International Economy	<input type="checkbox"/> International Economy
	<input type="checkbox"/> International Express	<input type="checkbox"/> International Express

(* will have separate Broker fees)

Freight Collect Ship number & Carrier
[]

Trade References for Wholesale

All Co-Brand orders are Prepaid by credit card, check or wire. No need to provide references

- Prepaid- please sign at bottom of page
- Applying for terms- complete trade references below

Please provide three trade references for your primary suppliers. Attach a separate sheet if desired. Prepaid Accounts and Co-Brand Accounts should contact Klean Kanteen accounting department to provide a form of payment for their order to be processed in a timely manner. These orders are not scheduled for production until payment has been received.

Company 1 and Account Number [] Telephone [] Fax []

Contact [] Email []

Company 2 and Account Number [] Telephone [] Fax []

Contact [] Email []

Company 3 and Account Number [] Telephone [] Fax []

Contact [] Email []

The undersigned owner(s) or business principal(s) warrants that the information submitted in this application is true and correct and agree to guarantee payments in full for valid purchases. The undersigned understands and agrees that upon being approved as a Klean Kanteen account, it will resell only to consumers and only from authorized locations.

Signature _____

Title _____

Printed Name _____

Date _____

p. 800.767.3173 3960 Morrow Lane
f. 530.345.3568 Chico, CA 95928



KleanKanteen.com

100% post-consumer, recycled paper. Soy and vegetable-based, zero-VOC inks. Printed in USA.