



Morsels Wholesale Program

today's date: _____

your name: _____

your position/title: _____

legal business name: _____

type of business: _____

business address: _____

federal tax ID #: _____

state reseller tax # (if different from federal): _____

contact name: _____

contact phone number: _____

by completing this form and checking "I agree" below, you are stating that you are a qualified business and you will resell any products obtained through the morsels wholesale program following all applicable federal and state tax laws.

I agree

you can either email the information requested to morsels@charterinternet.com or fax the completed form to 231-421-3015. once we receive your application, we will contact you to verify quantities needed and pricing.