

— NEW ACCOUNT APPLICATION

Let's Get You *Set Up.*

This application is required to establish a wholesale account with All In Trade. We collect this information to verify business legitimacy, comply with resale tax regulations, and ensure a clean, professional partnership from day one.

"A quick setup. Then straight to business."

HOW IT WORKS

1. Complete every required field marked with a blue asterisk (*).
2. Attach or email required documents (resale certificate, EIN, ID).
3. Sign and date the certification on the last page.
4. Return by email to accounts@allintradeco.com.
5. We review and respond within 3–5 business days.

WHAT YOU'LL NEED BEFORE STARTING

- Federal Employer Identification Number (EIN) or SSN for sole proprietors
- State Resale / Reseller's Permit or Sales Tax Exemption Certificate
- Business license or articles of incorporation (if applicable)
- Valid government-issued photo ID of the principal owner
- Bank or trade references (minimum two preferred)

QUESTIONS BEFORE YOU BEGIN?

accounts@allintradeco.com

www.allintradeco.com



01 Business Information

Tell us about your company. All fields marked * are required.

LEGAL BUSINESS NAME *

DBA / TRADE NAME (IF DIFFERENT)

BUSINESS TYPE *

- Corporation LLC Partnership
- Sole Proprietorship Non-Profit Other

FEDERAL EIN (TAX ID) *

YEARS IN BUSINESS *

DATE BUSINESS ESTABLISHED *

STATE OF INCORPORATION / REGISTRATION *

BUSINESS ADDRESS

STREET ADDRESS *

CITY *

STATE / PROVINCE *

ZIP / POSTAL CODE *

COUNTRY *

BUSINESS PHONE *

BUSINESS WEBSITE

Mailing address is the same as business address above

PRIMARY ACCOUNT CONTACT

FULL NAME *

JOB TITLE *

EMAIL ADDRESS *

DIRECT PHONE *



02 Ownership & Tax Information

Principal owner or authorized representative.

PRINCIPAL OWNER / OFFICER NAME *

TITLE / POSITION *

OWNERSHIP PERCENTAGE (%) *

DATE OF BIRTH

OWNER EMAIL *

OWNER PHONE *

03 Tax & Resale Information

Required for sales tax compliance and wholesale pricing eligibility.

STATE RESALE / RESELLER'S PERMIT NUMBER *

ISSUING STATE *

SALES TAX EXEMPTION CERTIFICATE NUMBER

EXPIRATION DATE

REQUIRED DOCUMENTATION

Please attach a copy of your resale certificate or sales tax exemption to this application.

04 Categories Of Interest

Which product categories do you plan to source from us? Select all that apply.

Electronics

Collectibles

Toys & Play

Video Games

PC Components

Supplements

Health & Personal Care

Gourmet Grocery

Mobile & Tech

Home & Lifestyle

Apparel & Accessories

Tools & Hardware



05 Business Profile

Helps us understand how we can best serve your account.

WHICH BEST DESCRIBES YOUR BUSINESS? *

- Independent Retail Store
- Regional Chain
- Exporter / Reseller
- E-Commerce Seller
- Other

ESTIMATED MONTHLY PURCHASE VOLUME *

- Under \$5,000
- \$5,000 – \$25,000
- \$25,000 – \$100,000
- \$100,000+

WHERE DO YOU SELL? (CHECK ALL THAT APPLY)

- Physical Retail Store(s)
- Company Website
- Amazon
- eBay
- Walmart
- Other Marketplaces
- Export / International

HOW DID YOU HEAR ABOUT ALL IN TRADE?

06 Trade & Bank References

Please provide at least two trade references and one bank reference.

TRADE REFERENCE #1

COMPANY NAME *

CONTACT NAME

PHONE NUMBER *

TRADE REFERENCE #2

COMPANY NAME

CONTACT NAME

PHONE NUMBER

BANK REFERENCE

BANK NAME

ACCOUNT OFFICER

PHONE NUMBER



07 Certification & Authorization

Read carefully, then sign and date below.

CERTIFICATION

By signing below, I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false or misleading information may result in the denial of this application or the immediate termination of my wholesale account.

I authorize All In Trade to verify all information provided, including contacting the trade and bank references listed, and to obtain credit reports as needed to evaluate this application.

I certify that all products purchased from All In Trade will be purchased for resale in the normal course of business, and that I am duly authorized to complete this application on behalf of the business named above.

SIGNATURE OF AUTHORIZED REPRESENTATIVE *

DATE *

PRINTED NAME *

TITLE *

SUBMITTING YOUR APPLICATION

Email this completed application with attached resale certificate and supporting documents to accounts@allintradeco.com. Our team will review your application and respond within 3–5 business days. Approved accounts are activated the same day terms are agreed.

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