

ROGUE VAPERS, LLC .**WHOLESALE APPLICATION****I. APPLICANT INFORMATION**

Business Name:

Sales Tax License #:

SSN or FEIN:

Business Phone:

Primary Business Address:

City:

State:

ZIP Code:

(please circle branding choice)

Own Branding

Rogue Vapers Brand

Service Area(s):

How long?

II. ADDITIONAL CONTACT INFORMATION

E-mail:

Authorized Contact:

Best Phone Contact:

Website:

Fax:

III. ADDITIONAL STORE LOCATIONS

Name

Address

Phone

IV. SIGNATURE

By signing, I agree not to use "Rogue Vapers" name, image, label or any other trademarked material in the advertisement, promotion, sale, raffles or giveaways of this wholesale product. If you'd like to purchase our "consumer ready" products with our labels and images, circle "Rogue Vapers" in section I (branding) and we will contact you via e-mail.

E-mail this application along with a copy of your Sales and Use Tax License to wholesaleapplication@RogueVapers.com.

I have received a copy of this application.

Signature of applicant:

Date: