

Member Application

WHOLESALE ALLEY, INC. ENTRY PERMIT
APPLICATION

BUSINESS INFORMATION

BUSINESS NAME : _____

MAILING ADDRESS : _____

CITY STATE & ZIP : _____

STATE SALES & USE TAX NUMBER : _____

BUSINESS PHONE (_____) _____ TYPE OF BUSINESS _____

PRIMARY CARDHOLDER :

DRIVERS LICENSE # _____

LAST NAME : _____ FIRST NAME : _____

HOME PHONE (_____) _____

DATE OF BIRTH ____/____/____

CITY : _____

STATE : _____ ZIP CODE : _____

SECONDARY CARDHOLDERS :

1 - HOME PHONE (_____) _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

2 - HOME PHONE (_____) _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

3 - HOME PHONE (_____) _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

-IN CONSIDERATION FOR ISSUANCE OF AN ENTRY PERMIT TO WHOLESALE ALLEY, THE UNDERSIGNED CONFIRMS AND AGREES AS FOLLOWS:
THE INFORMATION SHOWN ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE. PRIMARY CARDHOLDER AND ALL AUTHOURIZED
CARDHOLDERS CONSENT AND AGREE TO THE RULES OF WHOLESALE ALLEY. PRIMARY CARDHOLDER IS RESPONSIBLE FOR THE CONDUCT
AND ACTIONS OF GUESTS AND SECONDARY CARDHOLDERS. ALL MONIES ARE NON-REFUNDABLE.

-BY SIGNING THIS FORM YOU THE CARDHOLDER AND ANY GUEST YOU MAY BRING DO HEREBY WAIVE THE RIGHT OF LEGAL ACTION DUE TO
ANY INJURY TO YOUR PERSONS OR PERSONAL PROPERTY WHILE ON THE PROPERTY OF WHOLESALE ALLEY, INC.

SIGNATURE : _____

PRINT NAME : _____

DATE : _____

OFFICE INITIALS/PRICE PAID : _____