



GROSOURCE PROGRAM

Gro Group Inc.
288 Littleton Road, Unit 12
Westford, MA 01886
Tel: 978-692-9102
admin@grogroup.com

Independent Retailer Application

Annual Cost \$300

GENERAL

Company Name: Website:
Corporate Name: Website:
Mailing Address:
City: State: Zip:
Telephone: Fax:
Federal Tax I.D.#

SHIPPING INFORMATION

Address #1 Address #2
City: State. Zip/Postal: City: State Zip:

CONTACT INFORMATION

Table with 5 columns: Name, Title, Telephone, E-Mail. Rows include President/CEO, Order Placement, Accounting, Other, Other.

CREDIT LINE REQUESTED

Anticipated Annual Purchases: Credit Line Requested:

APPLICANT SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH STATED TERMS. ALL INFORMATION GIVEN IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE.

Signature: Print Name:

Title: Date:

CONFIDENTIAL