



Quality Plants & Service Since 1982

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Office: 419-287-4679

Fax: 419-287-4509

Please fill out all applicable information. If you have any questions, please contact the Wholesale Department.

2022 Wholesale Customer Update Form

Company Name:	
Mailing / Billing Address:	City, State, Zip:
Shipping / Shop Address:	City, State, Zip:
Office Phone:	Fax:
Office Email Address:	Do you want this email to receive our email newsletter? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tax ID number:	Vendor's License Number:

Primary Contact Information

Primary Contact Name:		Title:	
Phone:		Fax:	
Email:	Do you want this email to receive our email newsletter? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Additional Information (if applicable):	Preferred Contact Method (Please circle)	Email	Phone
		Fax	

Additional Authorized Purchaser Information

Authorized Purchaser 1:		Title:	
Email:	Phone:	Do you want this email to receive our email newsletter? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Authorized Purchaser 2:		Title:	
Email:	Phone:	Do you want this email to receive our email newsletter? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

Signature:	Date:
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Office use: QBE ML(Ex) MC Catalog

Date: _____