

Please, fill out, print and sign the following application. Fax, mail or scan and e-mail it to:

# LENBA, LLC

PO Box 391700

Phone: 888 LENBA38

If you wish to scan and email this form please email  
to

Solon, OH 44139

Fax: 216-342-3619

[Lenba.Sales@gmail.com](mailto:Lenba.Sales@gmail.com)

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## Wholesale Customer Application Form

Company Name:

Date business was established:

Federal Tax ID (SSN for sole entrepreneurs):

Type of Business:

Annual Revenue:

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Address:

City:

State:

Zip:

Owners Name:

Contact Phone:

Emergency Phone:

Fax:

Email:

Additional Comments:

Signature (Principal or Officer) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

LENBA LLC reserves the right on an individual case basis to determine the granting of wholesale buying privileges. All information supplied to us will be held strictly confidential.

### FOR INTERNAL USE ONLY:

Customer Number