

## Indiana Wholesale Offices

7930 Whitcomb Street  
Merrillville, IN 46410  
(219)738-2277 - Office  
(219) 738- 2278 – Fax  
IndianaOffices@att.net

# Application Form

PRINT LEGIBLE OR TYPE FORM

Name \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Business Name \_\_\_\_\_

Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ S-Corp \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

How did you find out about us ? \_\_\_\_\_

**Credit Card information required for Start Up Fees. First and Last Month's Rent will be charged at time of application submission to the State. License and Plate fee will be charged at the time the invoice is received by the State. If paying by check, send to address listed above. Make checks payable to James Witczak**

**An application for each partner must be submitted, only one form of payment (credit card) required.**

I hereby authorize Indiana Wholesale Offices and it's agents, to make application for said person/business listed above with all Federal, State, and Local Governments, this includes, but not limited to signing of documents, submission of applications, and collection of required funds (credit card charges) so the said business remains a Wholesale Dealer in good standing with the Secretary of State of Indiana.

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Signature of Applicant

Date