



3001 Mariposa St.  
Denver, CO 80211  
Ph: (303) 433-1155  
Fax: (303) 953-0360

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Owner: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Accts. Payable Contact: \_\_\_\_\_

Ship to Address: (if different from above) \_\_\_\_\_

Type of Business Corporation \_\_\_\_ Partnership \_\_\_\_ Sole Proprietorship \_\_\_\_

Resale Permit/License#: \_\_\_\_\_ (please attach photocopy)

Year Established: \_\_\_\_\_ Sq. Ft: \_\_\_\_\_

**Trade References:**

1.) Company Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2.) Company Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3.) Company Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*I declare the aforementioned information to be true and accurate. By submitting this application, I authorize Chlorophyll to make inquiries into the business/trade references I have supplied.*

Submitted by: \_\_\_\_\_ / \_\_\_\_\_

(print name)

(date)

Signature: \_\_\_\_\_ / \_\_\_\_\_

(authorized representative)

(title)

\*\* A copy of the business retail sales certificate must be submitted along with this application