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## DI BARTOLI WHOLESALE ACCOUNT APPLICATION

### APPLICANT INFORMATION

Business Name:	
ABN:	Business Website:
Business Address:	
Business Postal Address:	

### BUSINESS CONTACT FOR PURCHASES

First Name:		
Last Name:		
Phone:	E-mail:	Fax:
Position:		

### SOCIAL MEDIA (IF APPLICABLE)

Facebook:	Twitter:	Blog:
Youtube:	Instagram:	Linkedin:
Other:		

### INTERESTED IN THE FOLLOWING PRODUCTS & SERVICES

Category	Please tick if applicable	Expected Quantity & Frequency
Espresso Equipment		
Other Brewing Equipment		
Barista Accessories		
Home Roasters and Green Beans		
Roasted Coffee Beans		
Spare Parts		
Cleaning and Filtration		
Other		

### COMMENTS AND REQUESTS


### SIGNATURES

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant:	Date:
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