



## Application

Date: \_\_\_\_\_

Type of resale:      Retail Store                      Internet Retailer                      Designer

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

President/Owner: \_\_\_\_\_

Web Address: \_\_\_\_\_ Email: \_\_\_\_\_

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

Purchasing Contact: \_\_\_\_\_

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

Administrative Contact: \_\_\_\_\_

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

**Shipping Address:** \_\_\_\_\_

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

**Billing Address:** \_\_\_\_\_

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

Years in current business: \_\_\_\_\_

Brands Carried: \_\_\_\_\_

\_\_\_\_\_

Resale#: \_\_\_\_\_ Tax I.D.: \_\_\_\_\_

please provide a copy of your resale license with this application

DUNS#: \_\_\_\_\_

**Please provide us with a credit card to keep on file:**

Type:              AMEX              Visa              Mastercard

Name on card: \_\_\_\_\_

Credit Card#: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_