

NEW Wholesale Account: Store Information Sheet

Store Name:

Contact / Buyer's Name:

Store Street Address: (actual physical location of your store)

City:

State:

Zip:

Mailing Address: (If different, please write below. If same, please write "same". We need this to mail you new catalogs!)

Store Phone #:

Fax #:

E-mail or Website:

Best method and time to contact you:

Type of store: Art Gallery Gift Shop Jewelry Store Clothing Boutique other (specify)

Location: Street Location Mall Shopping Center Online Store other (specify)

Types of merchandise sold:

Are you a member of Wholesale Crafts.com?

If "yes", please list your Member Number:

Days & Hours of Operation:

Years in Business:

Business Classification: Corporation Proprietorship Partnership Non-Profit other (specify)

Retail Re-sale License # : (a.k.a. State Tax ID Number)

(required)

Comments: Tell us a little about your store and clientele; mention any details which will help us serve you better!

- I realize I realize my confidentiality is protected, and my information will not be sold or shared.
- I certify that all the details provided on this form to Austin Design Jewelry Inc. are true and correct.
- I guarantee that I am indeed a true retailer, legally able to purchase wholesale, and not a personal buyer.

Signature _____ Title _____ Date _____

Please fax this form to our secure & dedicated fax line 434-832-7090 or mail to the address above.

Upon verification (usually 1 or 2 business days) we will email you a password and mail you a full color catalog and price list. Thank you!