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Wholesale Dealer Application

Store name: _____

Primary contact: _____ Tax ID number: _____

Additional contacts: _____

Address: _____

City/State/ZIP: _____

Telephone number: _____ Fax number: _____

E-mail address: _____ Website: _____

Type of store: Storefront Studio or home Years in business: _____

Collections you carry: _____

Store description: _____

Do you discount? _____ If so, how much? _____

Average number of custom orders taken monthly: _____

Percentage of sales that are baby/child related: _____

Percentage of sales that are bridal shower related: _____

What other items is your store selling well? _____

Any special announcement or party themes your customers are looking for? _____
