



NEW WHOLESALE ACCOUNT APPLICATION

Please print out this form, fill it out, then email it to us (info@quiltersqtrs.com). Your information will not line up correctly if you try to fill it in by typing it while online.

Business Name _____

Store Name (if different) _____

Contact: _____ Title _____

Email Address: (required for wholesale price list - Please print very clearly!)

Billing Address

Shipping Address

Telephone _____

Fax _____

Fed ID# _____

State Sales Tax #: _____

Name of Owner _____

Accounts Payable Contact if other than owner:

Name _____ Tel _____

Proprietorship? Yes No Partnership? Yes No Corporation? Yes No

How Long in Business? _____ How long at this address? _____

Store Information:

Type of Store:

___ Quilt Store ___ Fabric Store ___ General Mercantile ___ Other

Machine Dealership? _____

Special Interest Areas (Please Circle All That Apply)

Workshop *Heirloom* *Clothing Fabric* *Other*