

Stuart's Creations Wholesale Application

Fax completed application back to us

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____ - _____ (include area code) Fax #: (_____) _____ - _____

Email: _____

Website Address: www: _____

Tax ID# _____ (A copy of your business or resale license must be submitted)

Years in Business: _____ Type of Business: _____

Owners Name: _____

Name of Authorized Buyers: _____

Credit Cards: Visa M/C Discover, AMEX # _____ Exp ddt _____

Cardholder's Name: _____

Cardholder's Signature: _____

I, the Undersigned, understand and agree to the following:

1. I have read and agree to the **Terms and Conditions of Sales** as set forth by Stuart's Creations.
2. I attest that I am legally permitted to resell goods in my state.
3. I give my consent to allow Stuart's Creations to charge the credit card that I have provided for any charges incurred by me, unless alternative information is provided by me at time of order.
4. I hereby certify that the information contained herein is complete and accurate.

Signature: _____ Date: _____

Print Name: _____ Title: _____