

Loralie Designs™

TOUCHING THE HEART WITH FUN ART!



Wholesale Application

Fax back:

817.579.6880

E-mail back:

Wholesale@LoralieDesigns.com

Business Name _____

Primary Contact _____

Billing Address

Street _____

City _____

State / Province _____

ZIP _____

Country _____

Shipping Address – same as above? Yes If, No:

Street _____

City _____

State / Province _____

ZIP _____

Country _____

If you have multiple store locations, please include a contact and shipping information sheet with your application.

Phone _____

Fax _____

E-mail _____

Web site _____

Sales Tax ID# and / or resale or sales and use – **you must supply us with a copy of this certificate:**

Type of Ownership – Individual • Corporate • Partnership • Other

Credit Card Information (**we take credit cards only**)

Visa • MasterCard • American Express • Discover

Card Number _____

Expiration Date _____

Would you like us to call for this information instead? Yes

Trade References

Name _____

Name _____

Name _____

Contact _____

Contact _____

Contact _____

Phone _____

Phone _____

Phone _____

The above information is complete and accurate to the best of my (our) ability.

Signature of Principle Owner / Officer

Title

Date

Printed Name