

**NEW WHOLESALE ACCOUNT - APPLICATION FORM**

# Homelosophy

Date:

BUSINESS CONTACT INFORMATION		
First name:	Last name:	
Company / store name:	Tittle:	
Legal name:		
Street Address:		
City:	State:	
Zip code:	Country:	
Phone:	Fax:	
Primary e-mail:	Website:	
Secondary e-mail:		
Resale # / Tax ID:		
<b>Primary Type of Business:</b>		
<input type="checkbox"/> Home Accessories / Décor	<input type="checkbox"/> Furniture Store	<input type="checkbox"/> Retail store in SPA / Resort
<input type="checkbox"/> Gift Store		
Number of store locations:	Please list brands that you sell:	
Number of years in business:	1	
What is your best selling category?	2	
What trade shows / markets do you attend?	3	
How did you hear about Homelosophy?	4	
<input type="checkbox"/> Add me the Homelosophy Mailing List		

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name