

## **New Account Application**

Date:

Company Name:		Store Name or DBA:	
Contact Person:	Phone #:	l	Email:
Billing Address		Store Address	
Street:		Street:	
City:		City:	
State: Zip:		State:	Zip:
Country:		Country:	
Billing Phone #:		Store Phone #:	
Fax:		Fax:	
Billing Email:		Store Email:	
Website URL if Applicable:			
Number of Branch Locations (please list addresses below):			
Street:		Street:	
City/State/Zip:		City/State/Zip:	
Store #:		Store #:	
Street:		Street:	
City/State/Zip:		City/State/Zip:	
Store #:		Store #:	

Describe your store or website :
List of Children's Brands You Carry:

## Please provide:

- Pictures of store interior and exterior.
- Tax Resale Certificate