



# WHOLESALE ACCOUNT APPLICATION

PLEASE TYPE OR FILL OUT LEGIBLY

Company Name:

eMail Address:

First Name:

Last Name:

Position:

(owner, buyer, etc.)

Store Name:

Store  
Address:

House No.

Street Name

City

State

Zip Code

Country

Phone Number:

Resale Number  
or Tax ID:

PLEASE ATTACH A COPY OF YOUR RESALE CERTIFICATE

How many stores does your company have?

Answer:

Where are those stores located (address, city, state, country)?

Answer:

What type of stores are they (gift, jewelry, lifestyle, apparel, stationery, etc.)?

Answer:

What other jewelry brands do you sell at your store or online?

Answer:

What trade shows do you attend?

Answer:



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## CONTINUED

Store/Company Website:

Alternate Telephone Number:

**How did you find us?**

**Answer:**

**Anything else you would like us to know?**

**Answer:**

Thank you for applying. We will get back to you regarding the status of your application within 3-5 business days.

To submit your application, please e-mail filled out form with a copy of your Retail Certificate to: [info@buckaroobling.com](mailto:info@buckaroobling.com)

**Buckaroo Bling**

PO Box Box 10607

Kalispell, MT 59904

tel. 316-258-4557

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[www.buckaroobling.com](http://www.buckaroobling.com)