



Wholesale Application

Fax to: 619-271-1472 | Email to: wholesale@royaldesignstudio.com

Business Information:

Business Name: _____

Point of Contact: _____

Business License Number: _____

Business Phone: (_____) _____

Resale Tax Number: _____

Cell Phone: (_____) _____

Website Address: _____

Alternate Phone: (_____) _____

Type of Business: _____

Fax Number: (_____) _____

of Years in Business _____

of Years at this location _____

Email: _____

Chalk Paint Stockist Yes _____ No _____

Alternate Email: _____

Business Address:

_____ Address

_____ Address

_____ Suite

_____ Suite

_____ City State Zip

_____ City State Zip

Billing Address: *(Credit Card Billing)*

Alternate Address:

_____ Address

_____ Address

_____ Suite

_____ Suite

_____ City State Zip

_____ City State Zip

Credit Card Information

Name on the Card: _____

Type of Card: Visa MC Amex Disc

Credit Card # _____ - _____ - _____ - _____

Expiration: _____ / _____ CVV: _____



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Trade References

Company Name: _____ Phone Number: _____

Address: _____

Company Name: _____ Phone Number: _____

Address: _____

Company Name: _____ Phone Number: _____

Address: _____

Authorized Purchaser

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Business Owner Name

Business Owner Signature

Date

For Office Use Only

Date: _____

Approved By: _____