

WHOLESALE APPLICATION FORM

Business Name:

Business Website:

Buyer Name:

Phone Number:

Email Address:

How did you hear about us?

Billing Address:

Shipping Address:

Tax ID/Resale License:

Years in business:

Which business types best describe your company?

Other jewelry lines you carry:

What quantity of items would you like to order?

How often do you plan to place an order?

Wholesale Policies:

Yes, I have read & agree to follow the Wholesale Policies

No, I do not agree to follow the Wholesale Policies