Artesprix LLC Pro Shop Application

Our program supports businesses and organizations of all sizes and types. Complete this form with the information that best represents you and disregard any sections that are not applicable.

Legal Name: _____ DBA Name: _____

Type of Business: Sole Proprietor: ____ Partnership: ____ Corporation: ____ Other: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Web Address: _____

Shipping Address (leave blank if same as above): _____

City: _____ State: _____ Zip: _____ Country: _____

Purchasing Contact: _____

Email: _____ Phone: _____

Number of Employees: _____ Years in Business: _____

Tell us about your business: _____

_____

Do you have multiple locations? _____ Do you have a retail location? _____

Do you host events/workshops/classes? _____ If Yes, How often? _____

What Events do your attend or exhibit? _____

Please send this completed form along with any supporting documentation, such as tax exemption or registered license, to sales@artesprix.com.

Name of Person Completing this Document: _____

Email: _____ Phone: _____