



NEW WHOLESALE ACCOUNT INFORMATION SHEET

Full Legal Company Name _____

Trade Name _____

Primary Company Contact _____ Tel # _____

Email Address _____ Shipping Address _____

Billing Address _____

Accounting Contact Name _____ Tel # _____

Accounting Contact Email Address _____

Email Address where invoices are to be sent _____

Year that business was established _____ Type of business _____

All channels where our products will be sold _____

*****\$400 minimum wholesale order required*****

Print Name _____ **Date** _____

Authorized Signature _____

Type of Card Visa _____ MC _____ Card Number _____

Expiry Date (MM/YY) _____ Security Code _____

If you prefer to use Interac E-Transfer, payments can be sent to **info@paisleyandpaige.ca**

Cardholder Name _____

Cardholder Billing Address _____

City _____ Province _____ Postal Code _____

Cardholder Signature _____ Date _____