



The Arts & Crafts Press

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## WHOLESALE APPLICATION FORM

Name of Business: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Business Website: \_\_\_\_\_

State Sales Tax License #: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

What is the target market of your current business? \_\_\_\_\_

\_\_\_\_\_

Expected Monthly Purchases: \_\_\_\_\_

Which of Our Products Interest you the most?

Notecards  Blockprints  Books/Mugs/Tiles/ Etc.  Other: \_\_\_\_\_

Please list the sources of your current store merchandises:

Supplier: \_\_\_\_\_ Brand(s): \_\_\_\_\_

Supplier: \_\_\_\_\_ Brand(s): \_\_\_\_\_

Supplier: \_\_\_\_\_ Brand(s): \_\_\_\_\_

Supplier: \_\_\_\_\_ Brand(s): \_\_\_\_\_

*We require a minimum 1st time order of \$150 to be paid in advance.*