

# Authorized Retailer Application

## Application Survey

Please complete the following questions about your company.

\* Required field

Is applicant's business a retail location including government owned, colleges, foundations or events?

Is applicant's business an apparel retail store?

Does applicant have an active, open retail store location?

Is applicant planning to sell Grace Hats product on an auction style website?

Is applicant's business internet-based?

Is applicant's business home-based?

Is applicant working with a Grace Hats sales rep?

\* Name of Grace Hats sales rep the applicant is working with.

Has applicant applied for a Grace Hats account in the last 12 months?

\*Business Name

DBA Name

\*Email Address

\*Phone

Fax

Web Address

\*Physical Address 1

Physical Address 2

\*City

\*State

Zip

Please click here if different from physical address

Billing Address 1

Billing Address 2

Billing City

Billing State

Billing Zip

Billing Phone

## **Ownership Information**

Please tell us who owns the business, listing all owners or principals, including who is responsible for payment of merchandise.

Owner/Owners

- 1.
- 2.
- 3.

Billing Contact

- \*1.

Store Photos

Please attach at least 2 photos for each store location, including one exterior and one interior photo.

Tax Certificates

Customers must submit Resale Certificates for each state they do business in.