

ANGEL MATERNITY USA WHOLESALE APPLICATION FORM

**Marks mandatory information*

Personal Information

First Name*	
Last Name*	
Email address* <i>(this will be used as your login to our website)</i>	
Contact Number	

Business Information

Business Name			
Website			
Business Address* <i>(this will be used as your delivery address)</i>	Address line 1		
	Address line 2		
	City		Zip/Postal Code
	Country		
Brief Description of Your Business			
Are you a Retail or Online Store?	Retail Store Online Store Both Retail and Online Store		

Please submit this application form to wholesale@angelmaternity.com.au. You will receive an email when your application is approved.