

# Customer Application

Please return this form along with copies of your business license and state resale tax certificate



## Account Information:

Business Name: \_\_\_\_\_ Storefront \_\_\_\_\_ Home Based \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Do you own rent space? If you rent space, Landlord's name and phone number \_\_\_\_\_  
\_\_\_\_\_

Date business established: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Bank contact person: \_\_\_\_\_

Bank account number: \_\_\_\_\_

Is this business (A):  Proprietorship  Corporation  Partnership

Owners name(s): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ V-Code (3 digit # on back of card) \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name On Card: \_\_\_\_\_

Billing Address Of Card (if different than shop address): \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_ Home Email: \_\_\_\_\_

## Trade References (from other needlework vendors):

Account #: \_\_\_\_\_ Company \_\_\_\_\_ Phone: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_