

WHOLESALE APPLICATION

Personal Information:

First Name:

Middle:

Last:

--	--	--

Address:

--

City:

State:

Zip Code:

Country:

--	--	--	--

Daytime Phone:

Ext.

Email:

--	--	--

Store Information:

Store Name:

Tax ID#:

--	--

Ship To Address, if different:

--

How long have you been in business?

--

Average/Estimated monthly store volume?

--

Have you used any of our products, and if so, which ones?

--

What other lines of products do you carry or plan to carry?

--

How did you hear about Nappy Cheeks?

--

Any other information you feel we should know?

--

I certify that all statements and all information contained herein are true and correct and have read and agree to the wholesale policy terms & conditions provided.

Signature:

--