

Wholesale Application

COMPANY INFORMATION

Company Name _____
Store Name _____ Website Address _____
Phone Number _____ Email Address _____

YOUR PERSONAL INFORMATION

First Name _____ Last Name _____
Position/Title _____ Email Address _____
Phone Number _____ Fax Number _____

BILLING ADDRESS

Billing Address _____
City _____ State/Province _____ Postal Code _____
Country _____ Phone _____
Phone Number _____ Fax Number _____

SHIPPING ADDRESS (IF DIFFERENT THAN BILLING ADDRESS)

Shipping Address _____
City _____ State/Province _____ Postal Code _____
Country _____ Phone _____

BUSINESS INFORMATION

State Tax ID# _____ Years in business _____

Credit References

1) Name:	Relationship:	Contact Information:
2) Name:	Relationship:	Contact Information:
3) Name:	Relationship:	Contact Information:

What are your anticipated Yarnia purchases in the coming year:

\$300 - \$500 \$501 - \$2,000 \$2,001 - \$10,000 \$10,001+

How will you display your yarns from Yarnia?

How will you market/promote your yarns from Yarnia?

What other types of yarns does your shop carry or focus on?

How do you feel your shop will benefit from carrying yarn from Yarnia?

The Wholesale Applicant certifies the statements on all pages of this application are accurate and true. By submitting this application you certify that you are able to enter into agreements on behalf of the company and that the company agrees to abide by all Terms and Conditions set forth. Submit application via email to sales@yarniapdx.com, or by mail to 3773 SE Belmont St., Portland, OR 97214

Signature _____

Date _____