

## **Wholesale Account Application**

Business Name	Sole Proprietorship
Billing Address	Partnership
	Corporation
Shipping Address (If different than above)	
GST/HST/Tax/Business Registration number	
Telephone (business)	
Website Address	
E-Mail	
How many years in business? How many y	ears under current ownership?
Please Indicated the Type of Products You Curre Spinning supplies, weaving supplies, yarns, knitt	
Which products are you interested in?	
Yarn Patterns Classes Trunk	Shows
How do you plan to sell these products?	
Please check as many as apply. This helps us b	etter understand our customers.
Retail store, commercial location	
Retail store located at home	

Shows, Fibre Festivals		
Fibre artist (making products for resale)		
Website sales		
Other (please specify):		
Describe your business:		
Owner(s), Partners, Corporate Officers (Names and Titles)		
Trade References - Who are you currently doing business with		
Trade References City Phone	# of years	
1		
2		
<u></u>	<u> </u>	
3		
In making this application, I/we understand that all accounts a terms as shown on each invoice; and if not paid on or before we agree to pay interest service charge to past due invoices. charges accrued by Indigodragonfly Designs for each chequal All charges will be billed to the wholesaler. It is at the sole discussions to terminate a business relation with 30 days notice with the sole of the sole	said date, are then delinquent. I/ I/we agree to pay all service le returned for insufficient funds. cretion of Indigodragonfly	
The application must be signed by a partner, proprietor, or oth been authorized to open this account on behalf of the compa as the authorizing officer agree to be liable for all charges may	ny. By signing this application, I	
Authorized Signature	Date	
Name (please print)		