

Office Use C	Only
Account #:	
Approved:	

Dealer Application

Please read carefully

Please complete and submit this application along with a copy of your tax certificate before placing your first order. We will review your application to determine if your company is a good fit for our products. The approval process takes about a week.

The minimum opening order is \$200. There is no minimum reorder but the minimum shipping charge is \$15.50 per shipping address.

Business Name and dba (if applicable)			Owner		
Street Address			Phone number		Fax number
City, State, Zip			Email address		
Federal Tax ID Numbe (include a copy of your Ta	r Year Established		Website addres	S	
2 Contact Infor	mation				
Buyer Name	Buyer Phone	-	Buyer Fax	E	Buyer Email
 Accounts Payable Nan	ne Accounts Pay	able Phone	Accounts Payable	e Fax	Accounts Payable Email
3 Tell us about	your business				
	to sell our products? ((check all	that apply)		
How do you intend					er (explain below)
	☐ Craft Shows	☐ Ama	zon/Ebay	☐ Othe	(explain below)
How do you intend ☐ Retail Store ☐ Website	☐ Craft Shows☐ Catalog		nzon/Ebay omponents in prod		
□ Retail Store □ Website		☐ As c	_		

Fax this completed form <u>and</u> your tax certificate to **570-539-2721** or email to **service@Irvinstinware.com**