

Dear Sir or Madam,

If you would like to become a wholesale customer, please fill out the enclosed application and send it back to us along with a copy of the following documentations.

- Business License
- Sales Tax Exemption Certificate
- Business Check
- Business Advertisement (i.e. stained glass yellow page listing, online yellow page listing, craft show vendor listing, class instructor listing, newspaper advertisement, sales flyer or business website)

Each application will be individually reviewed. Please allow us at least 2 weeks to review and verify your application. Once you fulfill our customer qualification criteria, a one-time, initial purchase of \$500.00 is required.

Please note we can discontinue your wholesale status if you do not meet our yearly wholesale minimum purchase amount of \$2500 in a calendar year.

Toll Free: 1-800-523-4242 Fax Toll Free: 1-800-523-5012





W	holesale Dealership Application	า
Business Name:		
	State:	
Telephone:	Fax:	· · · · · · · · · · · · · · · · · · ·
Email:	Website:	· · · · · · · · · · · · · · · · · · ·
Years in Business:	Type of Business:	☐ Studio/Commissions☐ Retail Supply Store☐ Other
	<u>List Owners</u>	
Name:		
Name:		
Home Address:		
Telephone:		
	epts payments by check, COD, Master Card, Visa, Dis quire pre-payments on glass orders.	cover, American
Please include the followin 1. A copy of your bus 2. A copy of your sale 3. A copy of your bus 4. A copy of a busine	siness license es tax license siness check	
Signature:	D	ate:

Toll Free: 1-800-523-4242 Fax Toll Free: 1-800-523-5012