

Wholesale Vendor Setup

If you are a retailer interested in placing an order with us, please feel free to view the cards online and contact us with any questions. Order forms may be downloaded from our website. Please submit this Wholesale Vendor Setup with your first order. If you are interested in opening a terms account, please also submit the Open Credit Application which may be downloaded from our website.

We look forward to serving you!

PURCHASER/SHIPPING INFORMATION

Name: _____ Date: _____

Title: Proprietier Buyer Other: _____

What type of store do you represent? Bookstore Pharmacy Hospital Gift Shop Florist Card/Gift/Stationery Store
 Coffee Shop Other: _____

Store Name: _____ Phone Number: (_____) _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Sales Tax I.D. _____

Website: http://_____

E-mail Address: _____ *Your email address will be used for order and/or shipping confirmation.*

May we send you an occasional email with our greeting card line updates? _____

Your privacy is of utmost concern for us. Your email address will NEVER be shared or used other than the above stated purpose.

PREFERRED SHIPPING PAYMENT

Use my Account Shipper: _____ Acct. # _____

Prepay Shipping by Credit Card* _____ Please fill in the credit card info below.

BILLING INFORMATION

TERMS: PREPAID NET 30 DAYS *(Please fill out and submit the Open Account Application, must be approved before ordering on these terms)*

MC VISA DISCOVER # _____



Exp. Date _____ 3-Digit Code _____

Billing Name/Name on Card: _____ Phone: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

**We accept VISA, Discover and MasterCard*

OFFICE USE:

Date: _____ Approved for Open Credit Account: _____ Shipping Method: _____

06/11