

## 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:  Proprieter  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: \_\_\_\_\_

06/09