

SHARP & SALLY

DEALER APPLICATION

APPLICANT

DATE: _____

OWNERS LEGAL NAME: _____

COMPANY'S NAME _____

TAX ID # _____ RESALE # _____

INFORMATION

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

EMAIL: _____ WEBSITE: _____

ACCOUNTS PAYABLE CONTACT: _____

HE/SHE CAN BEST BE REACHED VIA: _____

ARE YOU A: (CHECK ALL THAT APPLY)

RETAIL STORE COMMERCIAL STUDIO HOME DEALER ONLINE VENDOR

HOW MANY YEARS HAVE YOU BEEN IN BUSINESS? _____

HOW MANY EMPLOYEES TO YOU HAVE? _____

WHAT PERCENTAGE OF YOUR CUSTOM STATIONERY SALES ARE IN EACH CATEGORY?

BABY CHILD PARTY ADULT PARTY SOCIAL STATIONERY

HOLIDAY WEDDING BAR/BAT MITZVAH OTHER : _____

OTHER STATIONERY LINES YOU CARRY: _____

WHAT PERCENTAGE OF YOUR STORE IS DEDICATED TO STATIONERY? _____

HOW DID YOU HEAR ABOUT SHARP & SALLY? (CHECK ALL THAT APPLY)

WORD OF MOUTH RECEIVED A CARD SHOWROOM SEARCH ENGINE PRESS

WHAT LINES OF SHARP & SALLY ARE YOU INTERESTED IN? _____

FOLDED NOTES NOTE PAPER/PADS INVITATIONS CHILDREN'S PRODUCT

HOLIDAY PARTY FAVOR KITS

IS THERE ANYTHING THAT WE DON'T CURRENTLY OFFER THAT YOU WOULD LIKE TO SEE FROM SHARP & SALLY?

WE LOVE TO HEAR WHAT OUR CUSTOMERS WANT! _____

WOULD YOU LIKE TO RECEIVE OUR EMAIL NEWSLETTER? YES! NO! (WE WILL NOT SELL DATA!)

BY SIGNING THIS RETAILER APPLICATION I AFFIRM ALL INFORMATION REPRESENTED IS ACCURATE AND COMPLETE.

AUTHORIZED SIGNATURE: _____ TITLE: _____