

General Information

Company Name: _____ Address: _____ _____ Website: _____	Contact: _____ Phone: _____ Fax: _____ Email Address: _____
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Business Details

Business Category: _____

Number of Years in Business: _____ Are you incorporated? Yes or No

How do you sell your products? Circle the descriptions that apply:

- Retail Storefront
- Website
- Home Parties
- Other (please explain): _____

Federal Tax ID Number: _____	Number of Employees: _____
What type of products do you sell now? _____	Florida Reseller's ID Number (if applicable): _____

Business Hours: _____

I verify that all information submitted above is accurate and true, and understand that by submitting this form, I agree to pay the non-refundable \$100 setup fee required to become a Sticky Jewelry Wholesaler. I also understand that if I do not meet an annual minimum purchase requirement of \$300, my account will be eligible for termination by Sticky Jewelry with no notice required.

Signature: _____	Date: _____
Printed Name: _____	Title: _____