

WHOLESALE VERIFICATION FORM

COMPANY INFORMATION

Store Name: _____ Store Phone #: _____

Street Address: *(physical location of retail store)* _____

City: _____ State: _____ Zip: _____ Store Fax #: _____

Is this your shipping address? yes no *(If no, please enter that address below)*

Can we mail catalogs to this address? yes no *(If no, please enter that address below)*

Do you have a separate office for accounts payable, billing, etc? yes no *(If yes, please enter information below)*

Office Mailing Address *(leave blank if not applicable)* _____

City: _____ State: _____ Zip: _____

Office Phone #: _____ Office Fax #: _____ E-mail Address: _____

Owner's Name (s): _____ Home Phone: _____

Buyer's Name (s): _____

Accounts Payable Contact Name: _____

Days & Hours of Operations: _____ Website: _____

ADDITIONAL INFORMATION

Type of business: Corporation Partnership Proprietorship other *(specify)*

Retail license # (a.k.a. State Tax I.D. Number) _____

Location of store: Mall Shopping Center Street Location Online Web Store other *(specify)*

Type of store: Art Gallery Gift Shop Jewelry Store Variety Store Souvenir Shop
 Clothing Boutique Beach Shop Kiosk other *(specify)*

Types of merchandise sold: _____

Years in business: _____ Annual Retail Sales Volume: _____ Number of Employees: _____

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TRADE REFERENCES

(1) Vendor:	Types of merchandise:	
Account #:	Fax #:	Phone #:
(2) Vendor:	Types of merchandise:	
Account #:	Fax #:	Phone #:
(3) Vendor:	Types of merchandise:	
Account #:	Fax #:	Phone #:
(4) Vendor:	Types of merchandise:	
Account #:	Fax #:	Phone #:
(5) Vendor:	Types of merchandise:	
Account #:	Fax #:	Phone #:

CREDIT CARD AUTHORIZATION

*This is optional. If you will be purchasing by credit card, we ask that you fill this authorization.
Note that the complete card info is not required here ~ the full number and verification code will be taken at time of order.*

Is this a corporate card? yes no Store name as printed on card: _____

Full name of individual, as printed on card: _____ Phone #: _____

Type of card: VISA MASTERCARD Last four digits of card: ____ ____ ____ ____ Exp. ____ / ____

Address to where the credit card billing statement is mailed: _____

I, _____, (Card Holder) authorize Austin Design Jewelry Inc. to place on file the credit card information provided above to use as the primary method of payment when making purchases.

Card Holder Signature: _____ Date: _____

I/We certify that all the information provided on this form to Austin Design Jewelry Inc. is true and correct. I/We the undersigned hereby personally guarantee all payments of debt when due, for every invoice or claim when due that may arise in the course of our continuing business relationship with Austin Design Jewelry Inc. I/We agree to pay the total amount due, including any late fees, returned check fees, court costs, attorney fees and any other fees incurred in the collection of unpaid invoices.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

We thank you for filling out this form. We assure you that the information on this form will be held in confidence. Verification of your wholesale status should be completed within 5 working days. This form may be faxed or mailed.