



Please fill out this form and submit along with a copy of your business resale license/tax license. Once approved, we will send wholesale pricing to you. All information must be completed.

How did you hear about Jack Dempsey Needle Art:

CHA web site Customer Request Other: _____

Store Name: _____

Shipping Address: (No PO Boxes) _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

Email: _____ Web-site: _____

Check One: Sole Proprietor Partnership Corporation LLC

Number of Years in Business: _____ At this location: _____ Tax ID# _____

Bank Name: _____

Bank Address: _____

Account Number: _____

Trade Credit References:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Owner/Corporate Officer/General Partner:

Name: _____ Title: _____

Home Address: _____

Home Phone: _____