



Cuddle Barn™

CREDIT APPLICATION

BUSINESS NAME: _____ **DBA:** _____

TYPE OF BUSINESS: _____ **RESELLER PERMIT #:** _____ Please include a copy of your resale certificate.

OF YEARS IN BUSINESS: _____ **DO YOU SELL YOUR PRODUCTS ONLINE?** YES NO

WEBSITES: _____

BILLING: _____ **SHIPPING:** _____

CITY: _____ **CITY:** _____

STATE: _____ **ZIP CODE:** _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: _____ **FAX:** _____

OWNER: _____ **MANAGER:** _____

EMAIL: _____ **EMAIL:** _____

TERMS REQUESTED: CC/PREPAY NET 30 OTHER: _____

BANKING INFORMATION: *If you prefer to pay by credit card for all orders, you can skip this section.*

BANK NAME: _____ **PHONE:** _____

BANK ADDRESS: _____

TYPE OF ACCOUNT: _____ **ACCT #:** _____

CONTACT NAME: _____

REFERENCES: *If you prefer to pay by credit card for all orders, you can skip this section.*

NAME: _____ **ACCT #:** _____

ADDRESS: _____

PHONE #: _____ **FAX #:** _____

NAME: _____ **ACCT #:** _____

ADDRESS: _____

PHONE #: _____ **FAX #:** _____

NAME: _____ **ACCT #:** _____

ADDRESS: _____

PHONE #: _____ **FAX #:** _____

Thank you for providing the above information.
Please submit via email: cs@cuddle-barn.com or fax to: 800-524-6617

SIGNATURE: _____ **POSITION:** _____

PRINT NAME: _____ **DATE:** _____

NAME OF REPRESENTATIVE ASSISTING YOU: _____

Please include your business license or resale certificate when submitting your application.
Register and order online: <http://wholesale.cuddle-barn.com>

