

# TUXEDO SOURCE

## WHOLESALE ACCOUNT APPLICATION

**BUSINESS NAME** \_\_\_\_\_

**(DBA / AKA)** \_\_\_\_\_

**OFFICE USE ONLY**

ACCOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

### DELIVERY INFORMATION

CONTACT PERSON \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE1 ( ) - \_\_\_\_\_

PHONE2 ( ) - \_\_\_\_\_

FAX ( ) - \_\_\_\_\_

### BILLING INFORMATION

CONTACT PERSON \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE1 ( ) - \_\_\_\_\_

PHONE2 ( ) - \_\_\_\_\_

FAX ( ) - \_\_\_\_\_

### BUSINESS BACKGROUND

OWNER \_\_\_\_\_

MANAGER \_\_\_\_\_

EMPLOYEE \_\_\_\_\_

EMPLOYEE \_\_\_\_\_

EMPLOYEE \_\_\_\_\_

PHONE ( ) - \_\_\_\_\_

PHONE ( ) - \_\_\_\_\_

EMPLOYEE \_\_\_\_\_

EMPLOYEE \_\_\_\_\_

EMPLOYEE \_\_\_\_\_

TYPE OF BUSINESS (FORMALWEAR, BRIDAL SHOP, FLORIST, ETC.) \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_

MAIN COMPETITOR \_\_\_\_\_

### OTHER LOCATIONS

PLEASE INCLUDE ANY OTHER STORES THAT ARE OWNED BY THE SAME COMPANY

ADDRESS	CITY	STATE	ZIP	PHONE
				( ) - _____
				( ) - _____
				( ) - _____
				( ) - _____
				( ) - _____

ATTACH ADDITIONAL SHEET IF NECESSARY

### STORE HOURS

THROUGH						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
THROUGH						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY



