



Wholesale Account Application

Business Name: _____

Website: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Buyer's Name: _____

E-mail Address: _____ Phone No.: _____

Resale / Tax ID #: _____

Type of Retailer (Brick & Mortar, Online, etc.): _____

I'd love to know a bit more about you & your business:

Please fill in and return by Email: tamara@kayajoydesigns.com • kayajoydesigns.com