



**arthead**  
studio

**WHOLESALE DISTRIBUTORSHIP  
APPLICATION**

**BUSINESS INFORMATION**

BILLING INFORMATION			SHIPPING INFORMATION		
Business Name _____			Name/Business _____		
Address _____			Shipping Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
Email _____			Phone (Day) _____		
Officer or Owner/Title _____					
TAX ID or Social Security # _____					
Date Business Established _____					

**PAYMENT INFORMATION**

Payment Method: <input type="checkbox"/> Money Order <input type="checkbox"/> Check (payable to: Deborah Kracht) Charge <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Debit Card		_____
		Cardholder's Billing Address
Card # _____		Address _____
CVV Code (last 3 digits on signature strip) _____	Expiration Date _____	Signature _____
Phone # _____		Print Name _____

**PERSONS AUTHORIZED TO ORDER**

Below please list the names of persons authorized to order.

1.	_____	_____
	Name	Title
2.	_____	_____
	Name	Title
3.	_____	_____
	Name	Title

**TRADE REFERENCES**

Below please list 3 trade references.

1.	Business Name _____	Fax Number _____	Account Number _____
2.	Business Name _____	Fax Number _____	Account Number _____
3.	Business Name _____	Fax Number _____	Account Number _____

The buyer authorizes ArtHead Studio to contact the above reference to obtain information necessary to process this application.

Signature _____	Date _____
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**SUBMIT FORM TO:**  
**ArtHead Studio** 45 Stimson Street, Palmer, MA 01069  
 Call (413) 289-2091 OR Email [wholesale@artheadstudio.com](mailto:wholesale@artheadstudio.com)