



**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)