

Application for Nugz Jewelry Wholesale Account

Date	_____	Application Checklist <input type="checkbox"/> Completed Form Attach one or more of the following: <input type="checkbox"/> Copy of current resale tax license or copy of current business license	
Business Name	_____		
Federal ID Number	_____		
Owner(s) Name	_____		
Contact Person(s)	_____		
Year Established	_____		
Business Phone	_____		Fax _____
Email Address	_____		
Website(s)	_____		
Billing Address:	Shipping Address:		
Street: _____	Street _____		
City/ST/Zip _____	City/ST/Zip _____		

Indicate the type of Business ownership (check one)

Corporation Partnership Sole Proprietership

Which best describes your type of business (check one)

Retail Shop Manufacturing Boutique Home Party
 Kiosk Ecommerce Event Specialist Other

Where is your business located?

Commercial Space Residential Mall
 Other Online

Authorized Signature: _____ Date: _____

We're excited to welcome you to Nugz and we're here to answer any questions you may have! We appreciate your interest in Nugz Jewelry and your time to complete this process. By submitting this application you agree to the Nugz Terms of Agreement. Please contact your Service Representative with any questions!