



**New Account Application**

Phone: 248-593-8482 Fax: 248-593-8489

Email questions to: [sales@snugcamisoles.com](mailto:sales@snugcamisoles.com)

The following fields are necessary to create a new account with us

1. **Registered Company Name:** \_\_\_\_\_

DBA (name used other than registered name): \_\_\_\_\_

2. **Contact Info:**

First name: \_\_\_\_\_ Last: \_\_\_\_\_

Title of Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address of Contact Person: \_\_\_\_\_

3. **Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website Address: \_\_\_\_\_

4. **Shipping Info:**

Name or Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. **Billing Info: Same as Shipping? YES / NO** Complete if different than above  
(CIRCLE ONE)

Name or Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



**New Account Application**

Phone: 248-593-8482 Fax: 248-593-8489

Email questions to: [sales@snugcamisoles.com](mailto:sales@snugcamisoles.com)

**7. How did you get SNUGGED?** (check all that apply)

Word of mouth: \_\_\_ Consumer: \_\_\_  
Another Retailer: \_\_\_ Event or tradeshow: \_\_\_  
Online: \_\_\_ Print ad or article: \_\_\_  
Magalog: \_\_\_  
Other: \_\_\_\_\_

**8. Describe your company?**

Boutique - less than 15 stores: \_\_\_  
Specialty Chain - 15 or more stores: \_\_\_  
Department Store: \_\_\_  
Online or Catalog Retailer: \_\_\_  
Other (describe nature of business): \_\_\_\_\_

**Example- Other: Collegiate Merchandiser-** We are either in a college bookstore and sell direct to students and staff or we represent and distribute products for colleges.

**9. Business Information**

EIN Number: Federal Tax I.D. number: \_\_\_\_\_ - \_\_\_\_\_

Years in Business: (if less than 1 year, give months)

Years: \_\_\_\_\_ Months: \_\_\_\_\_

Brief description of company; list other brands you carry:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fax or email completed application along with the following document(s) listed below:

- a. Copy of Reseller ID cert. 501 (3)(c) or,
- b. Documentation showing wholesale status

FAX: 248-593-8489

EMAIL: [sales@snugcamisoles.com](mailto:sales@snugcamisoles.com)