BEADWORKS®

Wholesale Application

Beadworks
619 E. Passyunk Ave
Philadelphia, PA 19147
Phone: 215-413-2323
FAX #: 800 776-5741

OFFICE USE ONLY:
DATE APPROVED:_____/_____/_____
CONTACTED ON: _____/_____/_____
ACCOUNT SET TO WHOLESALE STATUS: [ ] YES [ ] NO

Wholesale Requirements: A copy of your Tax I.D registration must be faxed, submitted or mailed to us at the above address along with this form before we can begin to process your wholesale approval status. You may receive wholesale discount while your application is in process.

Name: _____
First M.I. Last

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Business or Alternate #: _____

Email:_____

BUSINESS INFORMATION

Business Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Resale License# _____

Tell us about your business needs:

_____

_____

_____

_____

_____

How would you like the Beadworks to contact you?

[ ] phone [ ] email [ ] mail

You will be notified if there is any problem with your application. Thank you so much for applying to be a Beadworks wholesale customer.