

baby under manufacturing process

retailer application

store info					
store:					
owner:	contact person:				
street address:					
city:	state: _		zip:		
phone:		_ fax:			
website:					
ship to:					
bill to:					
resale number:		_ tax id no:			
banking info					
(fill out if you would like to be con	nsidered for payr	nent terms. otherv	vise, circle prepay	or cod below)	
bank/institution:					
address:					
		phone:			
account no:					
I do not wish to be considered	d for payment t	erms. I prefer to	PREPAY	C.O.D.	
credit card info					
cardholder name:		type of c	ard: visa mc	amex discover	
billing address:		_ city:	state:	zip:	
card #:	e	xp date:	ccb # _	(3 digits on back)	
shipping info					
preferred shipping carrier:	acc	ount #	delivery	time:	
<u>'biz references</u>					
name:					
name:	phor	ne:	email:		
other info					
[bump] items you are interest	ed in:				
brands you carry:					
years in business:		number of	stores:		
How did you hear about [bum	p]babies?				
necessary info					
Please submit an interior and	exterior pho	to of your store b	by email or snail	mail. We cannot	
process your application without	out these.				
signature		date			