

10TO12BABYLOUNGE NEW ACCOUNT APPLICATION

This application must be completed in full. Please submit this application to 10to12babylounge or the Territory Mgr for review.

Account Name:							
DBA:				Tax ID or VAT #:			
Street Address:							
City:			St:		Zip:		Country:
Type of account: (circle)	Dept Store	Gift Shop	Hospital	Corp Purch	Hotel/Spa	Baby Store	Womens Store
	101	102	103	104	105	106	107
	Home Store	Lingerie Shop	E-Commerce	Catalog only	Other (Specify):		
	108	109	110	111	112		
Proj Overall Sales:		Proj Brand Sales:		Yrs in Business:		Stores:	

- Must have a retail store

- Must list all locations where you would like to carry 10to12babylounge

Contact:		Phone:	
Mobile:		Fax:	
Website:		Email:	

- Please no 3rd party or auction sites (eBay, Etsy, Facebook, etc).

- Must list all websites where you would like to carry 10to12babylounge

Have you done business with 10to12babylounge before (Y/N)?		If yes, under what name address:	
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Tell us about your business:	
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By signing this application, signer agrees to abide by 10to12babylounge terms and conditions as specified. Signer agrees to sell only at approved retail locations or websites. 10to12babylounge maintains the right to limit which products may be purchased and where they may be sold in keeping with their terms and conditions.

Signature of applicant: _____ Date: _____

OFFICE USE ONLY

Territory Mgr comments:		Credit Card Info:	
_____		Card: _____ Exp: _____	
_____		Name: _____ Code: _____	
_____		Address: _____	
_____		City/St/Zip: _____	

Territory Manager: _____ Initial order total: _____

Signature of TM: _____ Date: _____

Signature of Mgr: _____ Date: _____