

# LITTLE GIRAFFE NEW ACCOUNT APPLICATION

*This application must be completed in full. Please submit this application to Little Giraffe 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 Sales:		Proj LG Sales:		Yrs in Business:		Stores:	

- Must have a retail store

- Must list all locations where you would like to carry Little Giraffe

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 Little Giraffe

Have you done business with Little Giraffe before (Y/N)?	If yes, under what name address:
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Tell us about your business:

By signing this application, signer agrees to abide by Little Giraffe's terms and conditions as specified. Signer agrees to sell only at approved retail locations or websites. Little Giraffe 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 LG Mgr: \_\_\_\_\_ Date: \_\_\_\_\_