



## WHOLESALE APPLICATION

Store Name \_\_\_\_\_

Owner/Buyer

( )

Phone number

( )

FAX number

Web address

Email address

Street Address

City

State

ZIP

COUNTRY

Tax ID number

Years in Business

Business operating hours

What are some of the brands you currently carry \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Books Requested for Opening Order \_\_\_\_\_

***Note that orders require pre-payment until credit terms are established.***

**Kristen M. Hains**

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