

# ANNA EASTON

## — WHOLESALE APPLICATION —

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<b>BUSINESS CONTACT INFORMATION</b>	
First Name:	Last Name:
Company / Store Name :	Title:
Legal Name:	
Street Address:	
City:	State:
Zip Code:	Country:
Phone:	Fax:
Primary Email:	Website:
Resale / Tax Id Number:	
<b>SHIPPING ADDRESS</b>	
City:	State:
Zip Code:	Country:
Primary type of business:	
Number of store locations:	Number of store employees:
Number of years in business:	
<b>AUTHORIZED BUYER</b>	
Print Name:	
Signature:	Date:

Wholesale accounts are subject to verification and good standing. Once an order goes into production it can not be cancelled or changed. Some orders will require a 30% Deposit. Custom Orders require payment in full. Please call your associate if you have any questions. By signing this agreement I acknowledge the policy and procedures of Anna Easton Collection.