

# Piecemakers New Account Application for Wholesale

Business Name: \_\_\_\_\_ Established: \_\_\_\_\_

Parent Co. (Division or Subsidiary) : \_\_\_\_\_

Business Tax ID : \_\_\_\_\_

Billing Address: \_\_\_\_\_

Street Address of Business: \_\_\_\_\_

City, State, Zip, Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

**Type of Business:** Circle all that applies : Brick/mortar Home based or Online Store  
Quilting Needle Arts Fabrics Gifts Crafts other \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Responsible party for payments: \_\_\_\_\_

\*Phone / email : \_\_\_\_\_

Banking At: \_\_\_\_\_

## Trade Credit References

Name: \_\_\_\_\_

Address : \_\_\_\_\_

City, state, Zip : \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Signature : \_\_\_\_\_

title : \_\_\_\_\_ Date : \_\_\_\_\_