



## Wholesale Customer Profile

To become an approved wholesale customer, please complete this form and fax it to Etiphany, along with a copy of your state sales tax certificate.

Buyer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Company Name \_\_\_\_\_ Email \_\_\_\_\_

### Billing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State Sale Tax No. \_\_\_\_\_ Fax \_\_\_\_\_

### Shipping Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Store Type:

Department

Florist

Gift

Salon/Spa

Bookstore

Church

Other \_\_\_\_\_

What is the best way to contact you about your order?  telephone  mail  email  fax

What is the best time of day to contact you? \_\_\_\_\_

How would you like to learn about new products & specials?  telephone  mail  email  fax

### Online account information

Email Address: \_\_\_\_\_ Password: \_\_\_\_\_

I certify that all the information on this form is correct.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_

At Etiphany, we are concerned about your security. We will not give out or sell your information to anyone for any reason. For full details, **please read our online privacy policy at [www.etiphany.com](http://www.etiphany.com)**.