



For Retailers

Retailer Qualifications/Catalog Request Form

- I am a current customer and would like to receive a catalog.
(Please complete the form above the dotted line)
- I would like to be a new customer and receive a catalog.
(Please complete the entire form)

Please check the catalog(s) you wish to receive.

- Everyday
- Spring/Valentine
- Christmas
- Scripture
- Scrapbook

Store Name: _____

Address: _____

City: _____ State _____ Zip _____

Account requested by: _____ Title: _____

Phone # _____ Fax # _____ Email address _____

Resale Certificate Number *(Please mail or fax a photocopy of your resale certificate with this completed form.)*
(Not required for Alaska, New Hampshire, Montana, Oregon or Delaware)

Do you want to sell our products on the Internet? Please check: Yes No

Describe the location of your store.
(For example, street access storefront, mall/airport/hospital gift shop, home business, etc.)

How long has the store been in business?

What other products does your store carry?
(For example, crystal, candles, flowers, etc.)

Do you advertise your store or sell products using any of these methods?

- Flyers
- Newspapers
- Direct Mail
- Mail order catalogs
- Internet Sales
- Home shows
- Craft fairs or antiques shows
- Flea markets