

New Wholesale Account - Vendor Form

Date:

Business Contact Information:		
First Name:	Last Name:	
Company/Store Name:	Title:	
Street Name:		
City:	State:	
Zip Code:	Country:	
Phone:	Fax:	
Primary E-mail:	Website:	
Resale # / Tax ID:		
Primary Type of Business:		
Home Accessories / Decor	Feed / Pet Store	
Gift Store	Other	
Number of store locations:		

 Signature Date

 Print Name:

Harrison-Keller Fine Art
 P.O. Box 341 Ione, CA 95640
 (209) 304-4861
 harrisonkeller.art@gmail.com
 www.harrison-keller.com