

Alene's Adornments Wholesale Application

Please fill in the fields below and submit to sign up as a wholesale vendor.

Business Name: _____

Contact name: _____

Contact Title: _____

Business Address:

Street Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Website Address: _____

Facebook page _____ Instagram _____

Other Social Media Links: _____

Tax ID: _____ number _____ in which state?

Where do you sell? Physical location? Online? Etc.

How did you hear about Alene's Adornments?

By filling out and submitting this form, I certify that I am an authorized buyer for this Store.

Please send completed application to: alene@alenesadornments.com

Thank You. I will be contacting you shortly! *Alene Geed*

www.alenesadornments.com www.facebook.com/alenesadornments www.alenesadornmentsblog.com

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