



DISTRIBUTOR APPLICATION

Thank you for your interest in becoming a distributor of Ceramic Shop products! Before proceeding with the application, please ensure you can meet the following criteria:

- Your initial order must include a minimum of \$1000 (\$2000 MSRP) in Ceramic Shop Manufactured Products
- You must have a store front and/or a retail webstore through which you intend to resell The Ceramic Shop's products.
- After your initial purchase, you must purchase \$3,000 MSRP per calendar year of The Ceramic Shop's manufactured products to maintain wholesale status (your initial 2000\$ MSRP will count towards your first year's total).

Name & Address

Name:	Title:
Legal Business Name:	Est Annual Sales in US \$:
Date Business was Established:	
Legal Business Address:	
Billing Address:	
Web Address:	
Accounts Payable contact:	
Email:	
Phone:	

Company Information:

Legal Form under which business operates: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
DBA name, if applicable:	
FEIN#	

Shipping information

Delivery Address:	
Delivery Contact Name: Email: Phone#: Special Delivery Instructions:	
Address Type: <input type="checkbox"/> Business/commercial <input type="checkbox"/> Residential	
Loading dock OR forklift at location: <input type="checkbox"/> YES <input type="checkbox"/> NO	
UPS ground account #	OR use our negotiated rates: <input type="checkbox"/>
Preferred Freight carrier:	OR use our negotiated rates: <input type="checkbox"/>
Account#:	

Bank References(at least one is required)

Institution name:	Institution name:
Checking Account#	Checking Account#
Address:	Address:
Phone#:	Phone#:

Trade References

Trade Reference #1	Trade Reference #2
Company Name:	Company Name:
Contact Name:	Contact Name:
Address:	Address:
Phone number:	Phone number:
Email address:	Email address:
Account Opened since:	Account Opened since:

Trade Reference #3	Trade Reference #4
Company Name:	Company Name:
Contact Name:	Contact Name:
Address:	Address:
Phone number:	Phone number:
Email address:	Email address:
Account Opened since:	Account Opened since:



PAYMENT AUTHORIZATION

CARDHOLDER NAME:			
BILLING ADDRESS:			
PAYMENT METHOD	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX		
CARD NUMBER		EXP: /	CVV:

Please note** All new resellers are required to provide a credit card for their initial order. 30 day terms will be applied to all subsequent orders. After terms are established, payments must be made within 30 days of receipt or The Ceramic Shop reserves the right to charge your card for any balance due. Consistent late payments will result in account closure and loss of wholesale status.

Check here if you wish to use ACH for subsequent orders ☐

By Signing below, you authorize The Ceramic Shop and its officers to charge the credit card listed above for the payment of goods provided according to the terms outlined in this authorization form.

Name

Title

Signature

Date

ADDITIONAL NOTES OR REQUESTS:

I hereby Certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

____/____/_____
Date

COMPLETED APPLICATIONS SHOULD BE EMAILED TO
WHOLESALE@THECERAMICSHOP.COM
You should expect an email response between 3-5 business days.