

Running with Needles & Scissors, LLC

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runningwithneedlesandscissors.com



Wholesale Account Application

Business Information:

Name:

Company name:

Tax Resale/Vendor Number:

Federal Tax ID:

Business phone:

Email:

Registered company address:

City:

State:

Zip:

Date business commenced:

Business Type:

Business bank name:

Phone:

Bank Address:

Bank city:

State:

Zip:

Principal Business Activity:

Needlework Shop

Manufacturer

Online Needlework Store

Designer

Teacher

Years in business

Market attendance:

Retail location:

Business Reference:

Company name:

City:

State:

Zip:

Phone:

Type of Account:

I certify that the information in this application is correct. I assume responsibility of payment for supplies purchased.

Name:

Title:

Signature:

Date:

If you don't have a digital signature, please print, sign and scan for email return.