StudioKat Designs Wholesale Account Application

Applicant Information

COMPANY NAME					
CONTACT PERSON (FIRST NAME)	CONTACT PERSON (LA	AST NAME)	TITLE IN COMPANY		
· · · · · · · · · · · · · · · · · · ·		,			
ADDRESS	CITY		OTATE DOOTAL CODE		
ADDRESS	CITT		STATE	POSTAL CODE	
COUNTRY		FEDERAL TAX ID OR F	RESELLER'S LICE	ENSE	
TELEPHONE NUMBER	ALTERNATIVE TELEPH	IONE	FAX NUMBER		
EMAIL ADDRESS		WEBSITE ADDRESS			
EWAIL ADDRESS		WEBSITE ADDRESS			
By providing all information, appl	ioont shall hold all room	ancibilitios			
• Dy Diovidina all Information, appl	icani shall 11010 all 1680	ປາຣານາເນເຣ.			

- There are no obligations or fees associated with this application and we reserve the right to request any necessary information from customer to complete this application.

Preferred Shipping Destination

COMPANY NAME (If Necessary)			
ADDRESS	CITY	STATE	POSTAL CODE
CONTACT PERSON	CONTACT TELEPHONE	CIRCLE ONE:	☐ COMMERCIAL
			RESIDENTIAL

- All freight cost must be prepaid along with purchase.
- Based on the preferred shipping destination, SKDesigns will determine the freight cost for individual order placed.
- Unless specified shipping destination is provided to SKDesigns at time of placing order, the above information shall serve as the default shipping location. Any changes in shipping location after shipment is processed shall be in the expense of the customer.

Payment Information (OPTIONAL)

CREDIT CARD TYPE:	□ VISA		
CARDHOLDER'S NAME (FULL)		BILLING ADDRESS	
BILLING CITY	BILLING STATE	BILLING POSTAL CODE	BILLING COUNTRY
CREDIT CARD NUMBER		EXPIRATION DATE/_	CVN (Card Verification Number) *Last 3-Digit on the Back of Card

•	Credit card information	shall remain co	onfidential and	I will not be	e disclosed	to any	third party.	SKDesigns	shall not	charge (on the
cred	lit card without the custo	mer's acknowle	edgement.								

APPLICANT SIGNATURE DATE

PLEASE FAX THIS APPICATION TO (336) 940-6478

You may also scan & email this application to info@studiokatdesigns.com, OR you may snail mail it to: SKDesigns, Inc, 137 S Hemingway Ct, Advance, NC 27006

FOR OFFICE USE ONLY:

CUSTOMER ID	MEMBER SINCE	PROCESSED BY	LEVE

StudioKat Designs Wholesale Terms & Conditions

Minimum Orders

We are happy to supply your business with our patterns, zippers and notions. You may purchase in any quantity from StudioKat Designs. There are no minimums.

Payment Terms

We accepts most major credit cards, including Visa, MasterCard, Discover and American Express. We are also happy to accept PayPal payments. If you would prefer to pay by check, please call or snail email your order to us.

Shipping

Please double-check your order to ensure that you have provided the correct shipping address. We ship via primarily by USPS. Shipping charges are calculated based on weight and method of shipment. We can also ship on your UPS account. Please provide us that information when you place your order.

Most orders are shipped within two business days and should be received by you within five to seven business days. If we expect a delay, we will contact you via email.

Our Privacy Policy

At StudioKat Designs, we respect your privacy. We will not release your name, address, phone number, email address or any other information. We use the information we collect about you only to process orders and communicate with you.

Contact Information

Kathy Southern StudioKat Designs, Inc www.studiokatdesigns.com 137 S Hemingway Ct Advance, NC 27006

Email: info@studiokatdesigns.com

Phone: 866-409-8634 Fax: 336-940-3660

contained herein is accurate and correct.
I have read and understand the Wholesale Terms and Conditions.
I have included or faxed a copy of our valid business license