



sullivan's butterfly

**WHOLESALE & CONSIGNMENT APPLICATION**

Please fill out this form completely and return to Sullivan's Butterfly by fax or mail for consideration in our wholesale and consignment program.

Name	Title
Business Name	DBA
Retail Location	
Mailing Address (if different)	
Phone	Fax
Email	URL

**BUSINESS INFORMATION**

Type of Entity	Years in Business
State Sales Tax Certificate Number	
Describe Retail Operation/Product Lines	
Describe Retail Location	
Adjacent/Neighboring Businesses	

**COMMENTS**

How did you hear about us?
What products interest you most?
Are you interested in consignment or wholesale? or both?
Additional Comments