



## WHOLESALE APPLICATION FORM INTERNATIONAL

Please complete and return your application to [nicole@vielladancecollection.com](mailto:nicole@vielladancecollection.com)  
Your account will not be established until this form is received and approved.

### APPLICANTS DETAILS:

Store Trading Name			
Store Owner Name			
Mobile Number			
Residential Address			
City			
State		Zipcode	
Store Manager Name			
Mobile Number			

### STORE DETAILS

Store Address			
City			
State		Zipcode	
Email			

Postal Address	Same as above?	Yes	No
City			
State		Zipcode	
Store Number		Country	
State Code		Phone	
		Fax	

Website			
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Do you sell online?	Yes	No
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Social Media Links	Facebook	
	Instagram	

Trading Hours	Monday	AM:		PM:	
	Tuesday	AM:		PM:	
	Wednesday	AM:		PM:	
	Thursday	AM:		PM:	
	Friday	AM:		PM:	
	Saturday	AM:		PM:	
	Sunday	AM:		PM:	