



WHOLESALE APPLICATION FORM NATIONAL

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

APPLICANTS DETAILS:

Store Trading Name			
Store Owner Name			
ABN			
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			
Do you sell online?	Yes	No	
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: