



WHOLESALE VENDOR

COMPANY INFORMATION

COMPANY NAME _____

STREET ADDRESS _____

CITY _____ STATE ____ ZIP _____ COUNTRY _____

TELEPHONE _____ FAX _____

CONTACT PERSON _____

WEBSITE _____ EMAIL ADDRESS _____

NUMBER OF YEARS IN BUSINESS ____ **TAX I.D. NUMBER** _____

ACCOUNTS PAYABLE CONTACT

NAME _____ PHONE _____ EMAIL _____

TERMS

PAYMENT IS DUE AT TIME OF SHIPMENT

BUSINESS CLASSIFICATION

- CANDY DISTRIBUTOR (DC)
- DEPARTMENT STORE (DS)
- EVENT PLANNER/CATERER (EP)
- GIFT BASKET/GIFT GIVER (GB)
- GIFT SHOP/BOUTIQUE (GS)
- GOURMET GROCER (GG)
- HOTEL AMENITY (HA)
- HOTEL OTHER (HO)
- LIFESTYLE STORE (LS)
- MUSEUM (MU)
- PRIVATE LABEL (PL)
- RESTAURANT (RS)
- WINE SHOP (WS)
- YOGA/SPA (YS)
- OTHER _____ (OT)

DO YOU CURRENTLY SELL CHOCOLATE? YES ____ NO ____

IF YES, PLEASE LIST BRAND NAMES: _____

HOW DID YOU HEAR ABOUT ANNA SHEA CHOCOLATES?

AD GIFT INTERNET SEARCH MAGAZINE RETAIL STORE WORD OF MOUTH

OTHER _____

DATE _____

**PLEASE FAX COMPLETED FORM TO: 847-586 0249 OR
EMAIL INFO@ANNASHEACHOCOLATES.COM**