



INTERNATIONAL ACCOUNT APPLICATION

HTV Crafts Inc.

www.htvcraftsinc.com

Account Number _____

HTV Crafts, Inc. sells only to dealers who stock and sell products at the retail level.

To establish an account with us, you must meet the following requirements:

- Operate a retail store in a business district or Web store with Tax ID and reseller permit.
- Stock merchandise for resale, not consumption.
- Minimum opening order of \$250.00.

If yes to all of the above, please tell us about yourself so we can set up your account.

Please check all that apply.

- Custom T-shirt
 Patchwork/Quilting
 Crafts
 Office/Stationery
 Gifts
 Uniform business
 Custom T-shirt
 Kids Crafts
 Art materials
 Yarn
 Fabric
 Sewing
 Scrapbooking
 Embroidery
 Other

STORE SIZE	LOCATION:	ANNUAL RETAIL	NUMBER OF
SQUARE FEET:		SALES:	EMPLOYEES:
<input type="checkbox"/> Less than 600	<input type="checkbox"/> Strip Mall/Mall	<input type="checkbox"/> \$0-\$100,00	<input type="checkbox"/> 1-3
<input type="checkbox"/> 600-1,500	<input type="checkbox"/> Free Standing	<input type="checkbox"/> \$100,000-\$250,000	<input type="checkbox"/> 4-10
<input type="checkbox"/> 1,500-3,000	<input type="checkbox"/> Country (Rural)	<input type="checkbox"/> \$250,000-\$500,000	<input type="checkbox"/> 11-30
<input type="checkbox"/> Over 3000	<input type="checkbox"/> City (Urban)	<input type="checkbox"/> \$500,000 +	<input type="checkbox"/> over 30
	<input type="checkbox"/> Other		

HOW DID YOU HEAR ABOUT US? (trade show, internet, magazine, friend, etc.)

Store Name _____

Store Address _____

Shipping Address _____

Billing Address _____

Phone () _____ Fax () _____

Type of Business:

Email Address _____

Sole Proprietor Partnership Corp./LLC

Website _____

Date Established _____ / _____

Credit Card/Bank Card (please enter information below)

Net 30 Terms (Net 30 form must be completed and signed)

VISA MasterCard Discover American Express

Cardholder Name _____

Billing Address _____

City, State ZIP Code _____

Last 4 Digits of Credit Card Number _ _ _ _

Expiration Date _____ / _____

I hereby authorize use of the above listed credit card for the above listed store, effective until revoked by Cardholder.