



# U.S. & CANADA 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.