



WHOLESALE APPLICATION

TO GET STARTED AS A HIGH FANCY PAPER RETAILER,
PLEASE TELL US A LITTLE ABOUT YOUR STORE

FIRST NAME	LAST NAME
EMAIL	
TELEPHONE	WEBSITE
STORE NAME	
STREET ADDRESS	STREET ADDRESS 2
CITY	STATE
COUNTRY	ZIP/POSTAL CODE
INTERESTED IN: (CHECK ALL THAT APPLY) <input type="checkbox"/> GREETING CARD LINE <input type="checkbox"/> PRINT LINE <input type="checkbox"/> STATIONERY LINE <input type="checkbox"/> WEDDING LINE	ACCOUNT TYPE <input type="checkbox"/> BRICK AND MORTAR RETAILER <input type="checkbox"/> ONLINE RETAILER
TELL US ABOUT THE VISION OF YOUR STORE	