

# WOVEN JOY

## WHOLESALE CUSTOMER FORM

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### MAIN CONTACT INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ADDRESS 2: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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### BUSINESS / ORGANIZATION INFORMATION

BUSINESS / GROUP NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

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### GENERAL INFORMATION

*Please provide some basic information about your business or organization.*

DESIRED START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ or  ON-GOING

GENERAL EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### AGREEMENT

*By typing or signing your name below you agree the information you supplied is true and accurate.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**Complete this form and send to: [wovenjoy@gmail.com](mailto:wovenjoy@gmail.com)**