



mothers in love with fashion™

retailer application
for wholesale account

your name: _____ email address: _____

your title: _____ website: _____

store name: _____

store owner(s): _____

store address: _____

address 2: _____

city: _____ state: _____ zip code: _____

country: _____

telephone: _____ fax: _____

resale number: _____ tax id no.: _____

number of stores: _____ years in business: _____

brands you carry: _____

closest major city: _____

****Please send us interior and exterior photos of your store by e-mail or standard mail.****

Your signature: _____