

# Consignment Application

k-Bee Leotards

1790 Town & Country Drive #107 Norco CA  
1-888-523-3536 | office@k-beeleotards.com | k-beeleotards.com



Please specify what you are applying for:    **CONSIGNMENT**     **WHOLESALE**     **BOTH**

ALL INFORMATION IS TO BE KEPT CONFIDENTIAL. FILL OUT THIS APPLICATION COMPLETELY FOR ACCURACY.  
SIGNED, DATED AND COMPLETED APPLICATIONS CAN BE SENT VIA VIA OR EMAIL.  
FAX: (928) 832-1219 | EMAIL: OFFICE@K-BEELEOS.COM

## BUSINESS & CONTACT INFORMATION

<b>BUSINESS/ CORPORATE NAME</b>	
<b>FORM OF BUSINESS</b>	CIRCLE CORRECT BUSINESS:    CORPORATION    PARTNERSHIP    SOLE PROPRIETOR
<b>PHONE</b>	
<b>EMAIL</b>	
<b>TAX PAYER ID OR SSN</b>	
<b>WEBSITE</b>	

## BILL TO ADDRESS

<b>ADDRESS</b>	
<b>CITY</b>	
<b>STATE</b>	
<b>ZIP</b>	
<b>COUNTRY</b>	

## SHIP TO ADDRESS

<b>ADDRESS</b>	
<b>CITY</b>	
<b>STATE</b>	
<b>ZIP</b>	
<b>COUNTRY</b>	

## BUSINESS DETAILS

Please select the correct TYPE of business:

**Gymnastics Pro-shop**     **Retail Store Front**     **Sporting Good Store**     **Dance/Gymnastics**   
**Other Speciality Store**     Please specify: \_\_\_\_\_

## OWNER/CONTACT INFORMATION

### CONTACT #1

**NAME (FIRST/LAST)** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

### CONTACT #2

**NAME (FIRST/LAST)** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Signature

Date