

Wholesale 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 FAX OR EMAIL.
FAX: (928) 832-1219 | EMAIL: OFFICE@K-BEELEOS.COM

BUSINESS & CONTACT INFORMATION

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

BILL TO ADDRESS

ADDRESS	
CITY	
STATE	
ZIP	
COUNTRY	

SHIP TO ADDRESS

ADDRESS	
CITY	
STATE	
ZIP	
COUNTRY	

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:** _____

PLEASE CONTINUE TO NEXT PAGE

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TRADE REFERENCES

Please provide details of a trade credit reference below.

BUSINESS/ CORPORATE NAME	
CONTACT/ SALES REP	
PHONE	
EMAIL	
WEBSITE	

USA GYMNASTICS MEMBERSHIP

Are you a USA Gymnastics Member?

YES, I am a member of USAG

NO, I am not a member of USAG

DECLARATION

We hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining credit. I understand that all orders placed must be paid for before shipment is made. I understand there is no minimum amount required. All items have no resale price regulations. I understand if I choose to return any item, it must be with 30 days from date on invoice.

I/We understand that the return shipment is our responsibility and, in the event of a package being damaged or lost, it is entirely our responsibility to make sure the package is insured for the correct amount. In the event of the loss and/or damage of a package that is not properly insured, I/We are liable for the full amount owed to k-Bee Leotards.

We hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining credit. I/We understand any unsold items need to be returned, exchanged or paid for within 10 days of receiving a new box. I/We understand if I fail to make a payment for 90 days, k-Bee Leotards has my authorization to charge my credit card on file and a late payment charge of 1.5% per month on the unpaid balance will be assessed. Accounts with, for any reason, past due balances, unreturned boxes, late boxes may be removed from the consignment program. If our account warrants placement with a collection agency, I/We promise to reimburse k-Bee Leotards all costs of collections, including legal fees.

I/We understand that the return shipment is our responsibility and, in the event of a package being damaged or lost, it is entirely our responsibility to make sure the package is insured for the correct amount. In the event of the loss and/or damage of a package that is not properly insured, I/We are liable for the full amount owed to k-Bee Leotards.

If the everything entered is correct and you accept the terms above, please SIGN AND DATE to submit your application for processing.

You will need to print, sign and email a copy of this application to office@k-beeleotards.com OR send via Fax to (928) 832-1219

We cannot complete your application without this signed copy.

Signature

Date