

The Stencil Company Wholesale Application

**Business Information**  
**(This is not a credit application)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Tax ID # \_\_\_\_\_

Name on sales tax/ resale certificate \_\_\_\_\_

**Type of Business (circle one of the following choices):**

- Quilt Shop
- Craft Store
- Home Based Machine Quilter/ Quilting Services
- Teacher
- Quilt Guild

**My Business operates from (circle one of the following choices):**

- Store Front
- Residence

**Have you ordered from us before? (circle one of the following choices):**

- YES
- NO

**If Yes- Customer # \_\_\_\_\_**

**If No- We will assign you a Customer Number. A Customer Number is required to order wholesale.**

*You will be notified when your application has been processed.*

Return to:  
The Stencil Company  
28 Castlewood Dr.  
Cheektowaga, NY 14227-2615  
info@quiltingstencils.com

Phone: 716-656-9430  
Fax: 716-668-2488