



ACCOUNT APPROVAL FORM

303.261.2597

approvals@julesproducts.com

www.julesproducts.com

CONTACT INFORMATION

Company Name: _____

Doing Business As: _____

Billing Address:	Shipping Address:	Physical Store Address:
Phone:	Phone:	Phone:

Owner/Principal:

Email:

Phone:

Buyer/Manager

Email:

Phone:

ACCOUNT INFORMATION

Number of Stores:

Years in Business:

Resale Number:

Annual Sales:

All Location(s) Product Will Be Sold:

Website:

Other Lines Carried:

Please send photos of your store to approvals@julesproducts.com along with this form.