



Stiletto Gear | NEW ACCOUNT FORM

In order to create a wholesale account with Stiletto Gear, please fill out the following form, and return it, **along with a Certificate of Exemption form**, either by fax or email (both listed below).

Business Name:			
Store Name (if different):			
Business Owner's Name:		How Long in Business?	
Federal EIN:			
State Sales Tax # (for each state where you plan to sell):			
Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation			
Type of Business: <input type="checkbox"/> Military-Related Apparel <input type="checkbox"/> Retail Apparel (General) <input type="checkbox"/> Other: _____		Type of Location: <input type="checkbox"/> Traditional Brick & Mortar <input type="checkbox"/> Kiosk Location (<input type="checkbox"/> PX/BX / <input type="checkbox"/> Other) <input type="checkbox"/> Other: _____	
<i>Interested in Carrying:</i>			
<input type="checkbox"/> Army (<input type="checkbox"/> Women <input type="checkbox"/> Kids <input type="checkbox"/> Men) <input type="checkbox"/> Navy (<input type="checkbox"/> Women <input type="checkbox"/> Kids <input type="checkbox"/> Men)		<input type="checkbox"/> Marines (<input type="checkbox"/> Women <input type="checkbox"/> Kids <input type="checkbox"/> Men) <input type="checkbox"/> Air Force (<input type="checkbox"/> Women <input type="checkbox"/> Kids <input type="checkbox"/> Men)	
<i>Contact (Orders)</i> Name: _____ Title: _____ Phone: _____ Email: _____ Fax: _____		<i>Contact (Accts. Payable)</i> Name: _____ Title: _____ Phone: _____ Email: _____ Fax: _____	
Billing Address: 			
Shipping Address: (check here if same as billing <input type="checkbox"/> 			