



7gypsies wholesale setup
form

fax: 323-325-9605

email: info@sevengypsies.com

Today's date: _____

Company Name: _____

Owner Name: _____

Website: _____

Phone Number: _____

Fax Number: _____

Check all that apply Store Front Online Kit club Homebased other: _____

Business Opened: _____

Tax ID#: _____

*(Please include a copy of one of the following with this setup form: **business license, resale certificate, or tax ID**)*

Buyer/Primary Contact Information:

Name: _____ Email _____

Secondary Contact Information:

Name: _____ Email _____

Name: _____ Email _____

Billing Information:

Billing Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Shipping Information:

Same as Billing

Billing Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____