



Vendor Application

Please fax the completed application with a copy of your certificate of tax exemption, resale permit, or proof of non-profit status to: (415) 421-5399. This application does not constitute a binding agreement until accepted by Zenoff Products in writing.

Company Information

Legal Business Name: _____

Trade Name/ DBA: _____

Date Established: _____

Website URL: _____

Annual Sales Volume: _____

Number of Physical Retail Outlets: _____

What type of store do you have? (check one)

Brick and mortar Maternity Online Other _____

Shipping Address

Retail Contact: _____

Retail Phone: _____

Retail Fax: _____

Retail Email: _____

Billing Address

A/P Contact: _____

A/P Phone: _____

A/P Fax: _____

A/P Email: _____

Buyer Address

Buyer Name: _____

Buyer Phone: _____

Buyer Fax: _____

Buyer Email: _____

Description of your business: _____

How did you hear about us?

Credit Card # _____

Expiration Date _____

Federal Tax ID# _____

I _____ have read and agree to abide by the wholesale terms including but not limited to MSRP, shipping policies, return policy, and confidentiality agreement. This is not an application for credit from Zenoff Products. If credit terms are not extended to my company, or my credit obligations are not met within 30 days I hereby authorize Zenoff Products to charge the credit card on file listed above.

Signature _____

Name _____

Title _____

Date _____