

WHOLESALE APPLICATION

Journeys of Women Ministries LLC

Thank you for your interest in becoming a Wholesale Partner.

Please complete all applicable sections below.

BUSINESS INFORMATION

Business Name:

Owner/Primary Contact:

Title/Position:

Business Phone:

Cell Phone:

Business Email:

Website:

Facebook Page:

Instagram:

Business Address:

City:

State:

Zip Code:

Country:

BUSINESS TYPE

Please check all that apply:

- Boutique
- Gift Shop
- Christian Store
- Farm Store
- Specialty Retailer
- Online Retailer
- Vendor Booth Business
- Market Vendor
- Home-Based Business
- Other: _____

BUSINESS DETAILS

How long have you been in business?

- New Business
- Less than 1 Year

1–3 Years

4–10 Years

10+ Years

Do you currently sell handcrafted products?

Yes

No

If yes, please describe:

PRODUCTS OF INTEREST

Please select the collections you are interested in carrying:

Butterfly Collection

Faith Collection

Inspirational Collection

Western Collection

Highland Cow Collection

Veterans Tribute Collection

Patriotic Collection

Phone Stands

Phone Grips

Bottle Openers

Seasonal Collections

Other:

SALES CHANNELS

Where will you sell our products?

- Retail Storefront
 - Online Store
 - Vendor Events
 - Trade Shows
 - Gift Shop
 - Farm Store
 - Boutique
 - Other:
-
-

BUSINESS TAX INFORMATION

Resale Certificate Number:

State Issued:

(Wholesale approval may require a valid resale certificate where applicable.)

ESTIMATED ORDER VOLUME

Estimated Opening Order:

- Under \$100
- \$100–\$250
- \$251–\$500
- \$501–\$1,000
- Over \$1,000

Estimated Reorder Frequency:

- Monthly
 - Every 2–3 Months
 - Quarterly
 - Seasonal
-

REFERENCES (OPTIONAL)

Business Reference:

Phone:

Email:

AGREEMENT ACKNOWLEDGEMENT

By signing below, I certify that the information provided is accurate and complete.

I understand that submission of this application does not guarantee approval.

I agree to review and comply with the Wholesale Partner Agreement if approved.

Applicant Name:

Title:

Signature:

Date:

SUBMISSION INFORMATION

Submit completed applications to:

Pearl Truesdale

Journeys of Women Ministries LLC

Phone: 352-672-2571

Email:

journeysofwomenministries@gmail.com

Website:

www.journeysofwomenministries.net

For Office Use Only

Application Received:

Approved:

Yes

No

Approval Date:

Notes:
