



Please fax to: 718-732-3036

Wholesale Application

Business Information

Legal name of business:

Tax ID Number:

Name of business owner(s):

Name of buyer (if different):

Email Address:

Requested Password:

Yes, I would like to receive promotional emails from Studio Gift Inc

Phone Number:

Fax Number:

Your website URL:

How you heard about Us:

Billing Address

Address 1:

Address 2:

City:

Province/State:

Zip/Postal Code:

Country:

Shipping Address

My Shipping address is the same as my Billing address.

Address 1:

Address 2:

City:

Province/State:

Zip/Postal Code:

Country:

Questions? / Comments