



R. JOHN WRIGHT DOLLS, INC.

15 WEST MAIN STREET CAMBRIDGE, NEW YORK 12816 (518) 677-8566 FAX (518) 677-5202

DEALERSHIP APPLICATION

To maintain the highest quality representation, all prospective accounts are subject to preliminary review and approval. Please fill in the information below and if possible include photographs of your store front and displays to aid us in our evaluation. You will be notified within 4-6 weeks regarding the status of your application. Thank you for your interest in R. John Wright Dolls.

Name of Business _____ Resale No. _____

Business Type: Storefront On-Line Catalog Year Established _____

Owners/Officers: 1. _____ Title _____

2. _____ Title _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____ Product Mix _____

Annual Sales _____ Mail Order (%) _____ Credit Limit Desired _____

Website Address _____ E-mail Address _____

CREDIT REFERENCES

1. Name _____ Acct # _____

Address _____

Phone # _____ Fax# _____

2. Name _____ Acct # _____

Address _____

Phone # _____ Fax# _____

3. Name _____ Acct # _____

Address _____

Phone # _____ Fax# _____

4. Bank Name _____

Address _____

Contact _____ Phone # _____ Fax # _____

Account # _____ Line of Credit? Yes No

Name of Applicant _____ Title _____

Signature _____ Date _____

Note: release signature required to establish credit

In the event of default, applicant/guarantor is responsible for reasonable attorney's fees and all costs and