

Wholesale Account Application  
503-644-4073 x 100  
Fax: 503-961-1668  
WholesaleAccounts@TechniqueTuesday.com

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At Technique Tuesday, we welcome wholesale account applications from licensed brick and mortar and online retail stores. Historically, we have received a significant number of wholesale applications that were not from legitimate retail stores. To protect our legitimate wholesale customers and to ensure that we have the information we need to do business with you, all wholesale customers must provide standard business contact information and appropriate credentials. Please be aware that we do not offer wholesale accounts to buying groups, home based businesses, or retreat based businesses. We do not sell to businesses that routinely sell our products below our MSRP. Our products may not be sold through online auctions. If we discover that a business is selling our products in violation of these terms and conditions, we reserve the right to discontinue our business relationship and revoke their wholesale account. To be considered for a wholesale account, you must provide the following information:

Brick and mortar stores (with no online store):

1. A current business license clearly showing that the business is a scrapbook, stamp, or craft and hobby retail store
2. A completed "Technique Tuesday Wholesale Account Application" form (see next page)

Online stores and brick and mortar stores with an online store:

1. A current business license clearly showing that the business is a scrapbook, stamp, or craft and hobby retail store
2. A completed "Technique Tuesday Wholesale Account Application" form (see next page)
3. A working URL that is obviously associated with the submitted business license
4. A secure, functioning shopping cart with your own merchant account for payment processing.

To request a wholesale account, please sign and date this page and complete the next page. You can fax or email both pages and your business license to us. Once you have completed these forms and have provided your business credentials, please allow 5 business days for us to verify the information. If we approve your wholesale account, we will send our Product Guide(s) and order form to you.

We look forward to doing business with you!

**The Technique Tuesday Wholesale Accounts Team**

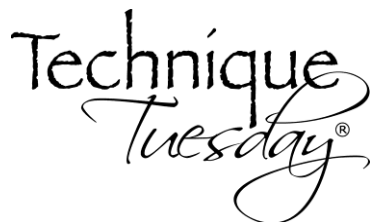
I agree to the terms and conditions outlined above.

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Signature of Authorized Business Representative

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Date



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☐ This application should be matched with an order or other paperwork already pending at Technique Tuesday. Pending item(s):

|   |            |                             |
|---|------------|-----------------------------|
| Retail Store Name:  |            | Date:                       |
| Nature of business (i.e., Scrapbook store, stamping store, craft store)   |            |                             |
| Store Address:  |            |                             |
| City  | State      | Zip Country                 |
| Store phone:  | Store fax: | Alternate phone:            |
| Owner name:   |            | Website:                    |
| Authorized buyer names:   |            | How did you learn about us? |
| E-mail address:   |            | Rep name:                   |
| Shipping address: <input type="checkbox"/> same as store address  |            |                             |
| City  | State      | Zip                         |
| Billing address: <input type="checkbox"/> same as store address   |            |                             |
| City  | State      | Zip                         |
| Federal Tax ID:   |            | Local Tax ID:               |
| How long has your store been in business?   |            | Store hours:                |
| Do you have an online store? <input type="checkbox"/> yes, online only (URL for website _____)<br><input type="checkbox"/> yes, online and brick & mortar store <input type="checkbox"/> no, brick & mortar store only              |            |                             |
| A copy of your business license is required for all new accounts. It is being submitted:<br><input type="checkbox"/> with this application <input type="checkbox"/> as a separate fax <input type="checkbox"/> as a separate e-mail |            |                             |
| I certify that the information provided on this form is truthful and complete.<br>Signature of Authorized Business Representative:<br>_____<br>Date: _____  |            |                             |

Office use only Form received: \_\_\_\_\_ Approved: \_\_\_\_\_ Account App 2012V.9