

*Application*  
**Stocking Dealer or Porcelain Art Center Application**

Owner(s) Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_

Number of years / months in business: \_\_\_\_\_

Number of years / months at current location: \_\_\_\_\_

Is your current location a storefront? : \_\_\_\_\_

Is it a home studio? : \_\_\_\_\_

Do you have access to a computer : \_\_\_\_\_

If yes, do you have an email address: \_\_\_\_\_

Please list your website if you have one: \_\_\_\_\_

Please list any other companies you are a distributor/dealer for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A) Stocking Dealer

B) Porcelain Art Center