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| **KRUWEAR Wholesale Application** | | |
| Applicant Information | | |
| Name of Company: | | |
| Tax Identification Number: | | |
| Name of Main Contact: | | **Title:** |
| Wholesale Program of Interest (Circle all that apply): | | |
| The Kruwear Brand Private Label Closeout Discounts | | |
| Main Address: | | |
| City: | **State:** | **ZIP Code:** |
| Phone Number: | **Email Address:** | |
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| For Brick and Mortar Applicants | | |
| How many store locations do you currently operate: | | |
| Store address(s): | | **Years in Business:** |
| City: | **State:** | **ZIP Code:** |
| Website Address: | | |
| Brands Stocked (all categories): | | |
| Markdown/Sale Frequency: | | **Typical Discount Offered:** |
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| Please provide photos of your store along with your application. | | |
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| For Online Only Applicants | | |
| Website address(must be active): | | |
| Physical Address: | | **Years in Business:** |
| City: | **State:** | **Zip Code:** |
| Brands Carried (all categories): | | |
| Markdown/Sale Frequency: | | **Typical Discount Offered:** |
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| Additional Information to be considered (optional) | | |
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| Please submit your completed application along with store photos to wholesale@kruwear.com for review. You will receive a response to your application within 5 to 10 business days. | | |