



## Wholesale Application

First Name:	
Last Name:	
Email:	
Company/Business:	
Work Telephone:	
Role (Title):	
Date of Birth (Optional)	
Address Line 1:	
Address Line 2:	
City:	
Country:	
State/Province:	
Postal/Zip:	
Home Telephone:	
Mobile Telephone:	
Fax Number:	
<b>Business Information:</b>	
Number of years at current address:	
Type of business:	
Please describe your current location:	
(mall, main street, beachfront?)	
Population of your area:	
Customers per day:	
Size of retail space (sq ft.):	
What is your timeline for your first order?:	
Estimated monthly order:	
How did you hear about LP studio line:	
What is your market like? Who is your target market? (Please enter your answer below)	
What other lines do you feature?	
What success have you had in the past that makes you feel you will succeed as a retailer?	
What are your goals for this year, next year and five years from now?	
Are you willing to educate yourself, your staff and customers on the technical qualities of our garments?	
Will you be merchandising the garments on the best models - you and your staff?	