

DATE: _____

The Coffs Wholesale Inquiry Form

Name of Store: _____

Owner's Name: _____

Buyer's Name: _____

Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Tax Id #: _____ and fax or email us a copy of your resale certificate.

NOTE: The Coffs will NOT accept your Wholesale Inquiry Form without a faxed or emailed copy of your resale certificate!

Store Address

Street: _____

City: _____ State: _____ Zip: _____

Bill to Address

Street: _____

City: _____ State: _____ Zip: _____

Ship to Address

Street: _____

City: _____ State: _____ Zip: _____

Are you a Brick and Mortar or online store? _____

If you are just opening, when is the store open date? _____

Do you have a web-site? _____

What sizes do you carry? _____

Do you carry: Apparel, Gifts, Accessories? _____

How long have you been open? _____

Thank you for your interest in our Showroom. Please fill out the above information and take a look at our website.
www.thecoffs.com and let us know what lines you are interested in.

Thank you!

The Coffs
Tel: 214.630.9787
Fax: 214.203.0746
info@thecoffs.com
www.thecoffs.com

How to Download, Fill and Send Back.

Website download:

1. Fill out and click the download arrow and save as to your desktop title the document as your store name then hit save.
2. To Send back simply create a new email and attach your file. Subject your email as your store name along with new customer forms. (for example: My Kids Closet New Customer Forms)

Email download:

1. Open the file from your email then click on the download arrow.
2. Next you will see the file on bottom of your screen. Open downloaded document and save it as your store name to your desktop.
3. Fill out Highlighted areas and save your work.
4. To Send back simply create a new email and attach your file. Subject your email as your store name along with new customer forms. (for example: My Kids Closet New Customer Forms)