

Trade Application

Store Name: _____ trading as: _____

Are there any other company names associated with your retail store? _____

Store Phone Number: _____ Alternate Phone Number: _____

Store Address: _____ City: _____ County: _____ Post Code: _____

Billing Address (if different): _____ City: _____ County: _____ Post Code: _____

Warehouse Address: _____ City: _____ County: _____ Post Code: _____

Owner(s) Name: _____ Buyers/Manager: _____
(Please list all owners first and last name) *(Anyone other than the owner authorised to make changes on account)*

Have you ever purchased the Elf on the Shelf for resale? Yes or No If yes, from whom: _____
(Please circle) *(Please include name of seller and their contact information)*

Please list your email address: _____ Store Website url: _____

Does your store have a page on Facebook or Instagram? Yes or No If yes, under what name can we find your accounts?

Facebook: _____ Instagram: _____

Are there any other social media profiles for your retail store: Yes or No If yes, please list each profile: _____

What websites are your currently selling product? _____

Do you plan on selling the Elf on the Shelf on any additional websites? Yes or No If yes, please list each website: _____

(Please list any additional names you may use on each site)

How many store locations (if multiple; please list complete addresses on separate sheet of paper): _____

To best serve you, please fill out the below information. Please note all parcel orders will be billed on each invoice and shipped via our Interlink Express account. Orders that reach the minimum weight requirement may go via our Freight account.

Tail gate required: YES or NO Shopping Centre location: YES or NO Do you prefer all orders to ship parcel? Yes or No
(Example: The store location cannot accept freight or it is a burden to the store/employees)

Do you currently distribute outside of the UK (if yes, where): _____

VAT number (if applicable): _____