



Please complete all information and return by e-mail, mail or fax with copies of credentials.

BUYER REGISTRATION

ALL INFORMATION ON THIS CARD MUST BE COMPLETE

Buyer ID # _____

Business

Name: _____

Business

Address: _____

City: _____

State: _____

Zip: _____

Country: _____

Telephone:

Business: _____

Cell: _____

Home: _____

Fax: _____

E-mail: _____

Website: _____

**Mailing
Address
If Different** _____

Business Category

(check all that apply)

- Boutique/Specialty (1 store)
- Boutique/Specialty (2-5 stores)
- Chain Store (5 stores or more)
- Department Store
- Discount/Off-price
- Beauty Salon/Spa Fitness
- Fashion Buying Office
- Mail Order/Catalog
- Importer/Exporter
- Home-Based Enterprise
- Off Shore
- On-Line Store (Must provide Website above)
- Manufacturer/Designer/Rep
- Wholesale/Distributor

Product Category

(check all that apply)

- Accessories
- Activewear/Aerobic
- Career/Suiting
- Contemporary
- Dresses
- Full Figure
- Gifts
- Intimate Apparel/Hosiery
- Missy
- Mother of the Bride/After 5
- Petites
- Private Label
- Sportswear
- Streetwear
- Swimwear
- Unisex
- Men's

Price Point

(check all that apply)

- Moderate
- Popular
- Better
- Designer
- Bridge

Owner(s)/Buyer(s)

Owner(s)/Buyer(s)		Check one	
First Name	Last Name	Owner	Buyer



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