**For office use only:**

|  |  |  |
| --- | --- | --- |
| Assigned Sales Rep(Organization):  MCCARTHY & HEIDT  Customer Service Telephone: 800-214-9711  Fax: 301-895-5029  Email: service@corolle.com |  | ***Fewer than 20 locations:***  ❒ Toy Store  ❒ Bookstore  ❒ Gift Store  ❒ Pharmacy  ❒ Clothing Store  ❒ Juvenile Store  ***20 locations or more:***  ❒ Toy Chain  ❒ Other Specialty Chain  ❒ Department store chain  ❒ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**New account** ❒ **Existing account** ❒ **- Account #:**

**COROLLE CUSTOMER PROFILE**

***Please provide all information requested*** *below*

***Attach a Resale Certificate and return to Customer Service***

**Bill To** Company Name: Telephone #: ( ) -

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-

City/State/Zip Email:

Buyer Contact**:** Resale/Tax ID #: Years in Business: \_\_\_\_\_\_

**Ship To** Company Name: Telephone #: (\_\_\_\_) \_\_\_\_\_\_-

Address: Fax #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-

City/State/Zip Email:

Contact Name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If more than one* ***location, please list each location in the spaces provided on the reverse. Attach a list if more than 8 locations.***

**Number of locations**: \_1\_\_\_\_

**Website?** ❒ Yes ❒ No  **Website URL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-commerce site?** ❒ Yes No

**Marketplace Seller?** ❒ Yes ❒ No **Which Ones?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Marketplace Seller Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASTRA Member?** X Yes ❒ No

**Member of:** ❒ GOOD TOY GROUP ❒ LEARNING EXPRESS ❒ TOY COLLECTION CATALOG ❒ NETS (Canada) ❒ Other:

**Owner/Corporation Contact** Name: \_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_\_-

Address: Fax #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-

City/State/Zip Email:

**Accounts Payable Contact** Name and Title:

Telephone #: ( ) \_\_\_\_\_ Fax #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-

Email:

Customer Profile Completed/Modified By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed/Modified: \_\_\_\_\_\_\_\_\_\_\_\_

**Location #2**

Address: Telephone #: (\_\_\_\_) \_\_\_\_\_\_-

City/State/Zip Fax #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-

Email:

Contact Name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ship to: ❒ Yes ❒ No

**Location #3**

Address: Telephone #: (\_\_\_\_) \_\_\_\_\_\_-

City/State/Zip Fax #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-

Email:

Contact Name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ship to: ❒ Yes ❒ No

**Location #4**

Address: Telephone #: (\_\_\_\_) \_\_\_\_\_\_-

City/State/Zip Fax #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-

Email:

Contact Name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ship to: ❒ Yes ❒ No

**Location #5**

Address: Telephone #: (\_\_\_\_) \_\_\_\_\_\_-

City/State/Zip Fax #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-

Email:

Contact Name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ship to: ❒ Yes ❒ No

**Location #6**

Address: Telephone #: (\_\_\_\_) \_\_\_\_\_\_-

City/State/Zip Fax #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-

Email:

Contact Name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ship to: ❒ Yes ❒ No

**Location #7**

Address: Telephone #: (\_\_\_\_) \_\_\_\_\_\_-

City/State/Zip Fax #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-

Email:

Contact Name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ship to: ❒ Yes ❒ No

**Location #8**

Address: Telephone #: (\_\_\_\_) \_\_\_\_\_\_-

City/State/Zip Fax #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_-

Email:

Contact Name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ship to: ❒ Yes ❒ No

CREDIT REFERENCES ATTACHED

**A minimum of 3 trade references must be provided.**

|  |  |  |
| --- | --- | --- |
| Company Name | Account Number | Telephone and Fax Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Estimated Sales Volume per year**

**The above information is submitted for the purpose of opening an account, and I certify this information to be complete and accurate. I authorize Corolle, Inc. to contact the trade references listed above for credit history.**

Customer Profile Completed By (Printed Name and Title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_

Signed: