



Email Application to: byhandgoods@byhandgoods.com or Fax: (419)745-6958

Distributor Application

Name(s)/Position(s): _____

Company Name: _____

Company Address: _____

Mailing Address: _____
(if different)

Email: _____

Website: _____

Phone Number(s): _____

Federal Tax I.D. # _____ Sales Tax# _____ State _____

Sales Tax Exempt (circle): (Yes* / No) Type of Exemption: _____
(* If answered "yes" and you are a Georgia business, you must fill out Georgia Department of Revenue form ST-5)

Type of Business (circle): Corporation Proprietorship Other: _____

Business Location (circle): Online Only Retail Space Both Online & Retail Other: _____

Name Of Applicant (print): _____

Signature of Applicant _____ Date: _____