



TYPE ON ME

Jessie Jessup Apparel, Co.

Store Retailer Info/Application

Applicant/ Store Owner Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Store Carrying Product

Store Name: _____ Location: _____

Address: _____
Street Address

Phone: _____ Email: _____

ADDRESS ALL ORDER WIL BE SHIPPED TO

Store Name/Owner Name that will be on all packages: _____
Name on package

Address: _____
Address

City: _____ State: _____ Zipcode: _____
City State Zip

Official Phone Number for carriers: _____
Ph Number

Official Email for tracking notifications: _____
Email

Other Companies The Store Carries

Company: _____ Phone: _____

Company: _____ Phone: _____

Company: _____ Phone: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____