



WHOLESALE INFORMATION

Snowflake Designs, Inc. has been supplying leotards and gymnastics wear for over 30 years. Snowflake garments can be found in all 50 states as well as many countries around the world. In addition to offering both wholesale and consignment programs, we also design and produce **custom team leotards and warm-up suits** for practice or **competition**.

Snowflake Designs, Inc. offers a **Wholesale** program for your pro-shop that allows you to purchase our garments up to 50% discount and then resell them in your facility for a profit.

To qualify for our wholesale prices:

1. Must be a pro shop within an athletic facility or a Retail store with an appropriate business address
2. Wholesale items consist of stock workout leotards/biketards, shorts, undergarments and clothing apparel. If an item is customized it will be discounted at quantity pricing.
3. Must have a valid resale permit
4. Must have 2 valid credit card numbers with security codes on file to cover any costs in case a bill should fail to be paid.
5. All orders are paid in full at time of purchase.
6. Minimum first order of \$500.
7. Minimum subsequent orders of \$200.
8. Must have on file with *Snowflake Designs, Inc.* an up-to-date wholesale sellers agreement
9. Wholesale returns are assessed a 15% restocking fee and credit is only returned to your Snowflake account.

We are proud of our products. We believe you will find them of the highest quality. We stand behind every garment we make. Please contact us when you are interested in purchasing your next team leotards. We welcome inquiries and look forward to working with you!

Sincerely,

Kindra Snow-Walker

President

Snowflake Designs, Inc.



2893 Larkin Ave | Clovis, CA | 93612 888.509.6234 info@snowflakedesigns.com

WHOLESALE ACCOUNT AGREEMENT

BUSINESS NAME		FEDERAL TAX ID OR SS#
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)		BUSINESS PHONE
EMAIL ADDRESS	RESALE PERMIT # (ATTACH COPY)	BUSINESS FAX

PERSON IN CHARGE	TITLE
PERSONAL ADDRESS (STREET, CITY, STATE, ZIP)	PERSONAL PHONE

BUSINESS REFERENCE 1	PHONE
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)	
BUSINESS REFERENCE 2	PHONE
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)	

CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	EXPIRATION DATE [MO/DAY/YEAR] / /
CARD NUMBER -- -- --	SECURITY CODE (3-DIGIT CODE ON BACK OF CARD A/E 4 DIGIT ON FRONT)
NAME AS PRINTED ON CARD	
ADDRESS	
CITY/STATE/ZIP	
CARD HOLDER SIGNATURE	

CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	EXPIRATION DATE [MO/DAY/YEAR] / /
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NAME AS PRINTED ON CARD	
ADDRESS	
CITY/STATE/ZIP	
CARD HOLDER SIGNATURE	

The following persons are authorized to use these cards on my behalf:	
1.	2.