



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

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 at a 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,

LaDonna Snow
President



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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 VISA Mastercard Discover 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 | |

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| CARD TYPE VISA Mastercard Discover 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. |