



unique gifts for new beginnings

4812 Croft Court

Glen Allen, Virginia 23060

804-967-0143 PH ● 866-833-9574 FX ● info@polkadotsonline.com

NEW ACCOUNT INFORMATION

**Thank you for your interest in polkadots & moonbeams
silver keepsake pacifier clips!**

PRICING

Our silver pacifier clips wholesale for \$9.00 each plus shipping. A \$3.00 drop ship fee is charged per order. Personalization is available for an additional \$9.00. Personalization includes your choice of an initial, first name or monogram.

DROP SHIP

We currently drop ship our products to US addresses only. Non-personalized orders are processed and shipped within 2-3 business days of order date. Personalized orders are processed and shipped within 7-10 business days of order date.

SHIPPING

We currently ship via USPS Priority Mail, which arrives to most locations within 2-3 days (including Saturday). A flat rate shipping fee of \$5.95 is charged per order.

GIFT WRAP

We currently offer a gift-wrap service for an additional \$5.00 per item.

OPENING ORDERS: ECOMMERCE / BRICK & MORTAR

There are no minimums for drop ship accounts. Once we have processed and approved your application you are free to upload our images onto your website.

PROCESSING ORDERS

We accept orders via fax or email, although we prefer email. All orders are shipped with a white ribbon, gift card (optional) and come packaged in a clear top gift box. We also include a packing slip (no order totals are shown) with each pacifier clip. We can replace our packing slip with one emailed to us from your company.



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NEW ACCOUNT APPLICATION

NAME OF BUSINESS: _____ YEARS IN BUSINESS: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS: (IF DIFFERENT) _____

PHONE: (STORE) _____ (HOME) _____ (FAX) _____

EMAIL: _____ WEB ADDRESS: _____

NAME OF OWNER: _____

OWNER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

RESELLER TAX ID NUMBER: _____

(PLEASE FAX A COPY OF YOUR RESALE CERTIFICATE to 866-833-9574)

TERMS: *CREDIT CARD ONLY*

CREDIT CARD INFORMATION: (VISA MASTERCARD DISCOVER)

PRIMARY CARD NUMBER: _____ EXP. DATE: _____

NAME ON CARD : _____ CVC CODE: _____

SIGNATURE OF CARD HOLDER: _____ DATE: _____