



Retailer Application & Information Sheet

Please email (wholesale@babykicks.com) or fax (+1-202-787-1993) this form to BabyKicks with the subject / cover sheet header "BabyKicks Retailer."

Your Name & Title:

Company Name:

Company Website(s):

Contact Information:

Primary Contact, Email, Phone & Fax

(please include office ext., country code and time zone where applicable)

Your Address:

Shipping Address (if different from above)

Additional Information:

Is your store an online shop, brick and mortar store or both?

Since when have you been in business?

Have used any Babykicks products before, and if so, which ones?

What other related brands do you currently carry in your store?

What is your estimated/average monthly sales volume (Total/Babykicks)?

How did you hear about Babykicks?

Please provide us with your State Sales Tax or Business License #

Is there any other information that you would like to share with us?

Note: Maryland Retailers: please email/fax us a copy of your Maryland Sales And Use Tax License as well as a copy of your Resale Certificate

Thank you!
We look forward to receiving your wholesale application.
Your BabyKicks Team.