

# SERENA & LILY

## Specialty store application for new account

STORE NAME: ..... DATE: .....

Website: ..... Is it a web store?  YES  NO

### CONTACT PERSON:

First name: ..... Last name: .....

Email (REQUIRED): .....

### BILLING ADDRESS:

Street: .....

City: ..... State: ..... Zip:.....

### STORE SHIPPING ADDRESS:

Street: .....

City: ..... State: ..... Zip:.....

Phone: ..... Fax: .....

### PAYMENT INFORMATION:

Card number: ..... Expiration date: ..... CSV code:.....

VISA  MASTERCARD  AMEX

Cardholder name: ..... Signature: .....

Tax ID (REQUIRED):.....

### OTHER INFORMATION:

I would like to open... (check all that apply)

NURSERY  CHILD  GIFT  ADULT

Serena & Lily products of interest: .....

How did you hear about us? ..... Which other brands do you sell? .....

In business since: ..... How large is your store: .....

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