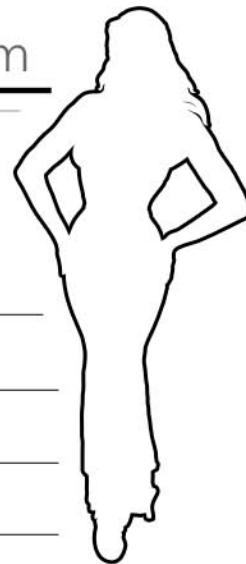


Corset Creations customer information form

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Store Name: _____

Store Address: _____

Store Phone: _____ **Fax:** _____

2nd Address if different, check one or both **Shipping** **Billing:**

Resale Tax ID Number: _____

Business License Number: _____

Year Established: _____ **Number of Stores:** _____

Web Address: _____

Email Address: _____

Owner Name: _____ **Phone:** _____

Buyer Name: _____ **Phone:** _____



ring: 702 220 6969 - fax: 702 878 9669
4011 W Sahara Ave suite 5&6, Las Vegas, NV 89102