

Restricted Footwear

Application to become Restricted Partner

Please fax this form to 626-961-2988

Application must have a valid business license or resale permit or
it won't be processed

CONTACT INFORMATION

Name of the company:	Contact name: Title:	Website:
Type of business: ___ Corporation () Partnership () Sole Proprietor ()		
Number of years in business _____ (please fill out)		
Type of operation:		
Boutique () Chain store () If chain store number of locations () Distributor ()		
Phone:	Fax:	Email address:

Thank you for your interest!