

# MERCHANT APPLICATION



STARCOAST CREATIONS, INC.  
 DBA AMONG FRIENDS  
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 CAMBRIA, CA 93428  
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 FRIENDS@STARCOAST.NET

Please use the reverse side of this application to complete any answers as thoroughly as possible. Thank you!

Name:		DBA (if applicable):		Application Date:	
Phone:	Fax:	Mobile:	Email:		
Address:		City:	State:	Zipcode:	

Please tell us about your retail business experience (including if you are currently selling, how long you have been in business, and what types of products you have dealt with):

California Seller's Permit Number:	A CA Seller's Permit is required in order to buy goods at wholesale and hold them pending retail sale. Upon the sale of goods at retail, sales tax must be collected and paid to the State Board of Equalization. Among Friends will handle this requirement on behalf of affiliated merchants.
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Please tell us about the specific vendors, products, themes and seasons you would like to sell at Among Friends (include as much detail as possible); if you are manufacturing your own product please provide a sample or photograph with this application:

Please tell us about how much space you are looking for and what kind of displays you would like to use:

Please tell us about your anticipated retail price points, including highest, lowest and average:

Are you in need of displays or merchandising equipment and aids to be supplied by Among Friends?

How soon are you seeking to join our merchant collaborative?	Are you desiring a long-term merchant relationship?
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Personal References	Name:	Address:	Phone:
	Name:	Address:	Phone:

Signature of Applicant(s):	When is the best time to reach you to discuss this application?
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