



# Vendor Form

Threadless Username: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## Credit Card Information

Type: \_\_\_\_\_

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CSC: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*Please fill out this form and fax back to skinnyCorp at (888) 595-3258 or  
mail to skinnyCorp, 5225 N Ravenswood Avenue, Suite 101, Chicago, IL 60640*