

MJ Cahn Co. Inc.,

510 W 27th St, NY, NY 10001-5506

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Wholesale Registration Form

Name of Business _____ Date _____

Contact Person _____

Street _____

Town _____ State _____ Zip _____

Phone _____

Email _____

Fax _____

Please note-Order will not be processed until references have been approved and you have been assigned an account number. This will take about 1-3 days. Initial order must be paid in advance.

Please fill in the following information. Tax ID or Resale Number:
(For wholesale accounts) _____

Type of business

- Uniform
- Fabric Reseller
- Jobber
- Other-if other please define the nature of your business.

Please list three business references with address, phone number, fax & e-mail.

- _____
- _____

Please list any comments on the reverse side.