

The Spring Needlepoint Show 2025

BUYER REGISTRATION

Business Name _____

Street Address _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Area Code _____ **Phone Number** _____ **Fax** _____

Email: _____

Website: _____

Resale Tax Number _____

Type of Business:

Brick & Mortar Store: _____

Online Retailer: _____

Teacher: _____

****This must be a current active online store. You must be doing more than buying for your friends**

Please list 2 companies you now purchase from:

Attendees : Those authorized to buy for your business

Owner/Buyer #1 _____

Buyer #2 _____

Buyer #3 _____

Guests/Helpers – not authorized to buy directly from Exhibitor

Guest #1 _____

Guest #2 _____

Guest #3 _____