

Sales Rep:

This is an interactive form that can be completed online using Adobe Reader 8.0. Please enter all of the requested information, and then click the E-mail Form button below – or print and fax to 202-965-2797.

EMAIL FORM

Customer Profile			Date:		
Store Name	e:				
Address:					
City:			_ State: _		Zip:
Phone:		_	Fax:		
Type of Sto	re / Company: (c	neck all that ap	ply)		
☐ Fashion	☐ Gift / Tourist	Footwear	Fitness	Sport	Other
Clientele:	☐ Women's	☐ Men's	☐ Kids	☐ Infants	
☐ Single Location☐ Mall Location☐ Other		☐ Regional Chain ☐ Catalog		☐ National Chain ☐ Internet	
Contact / Buyer:			No. of years in business:		
Email:			Number of locations:		
Website:			Size of location(s):		
Tax ID#:			Annual sales (approx):		
How did yoι	u hear about Be A	s You Are?			
What brands	s do you carry? _				
Which Be A s	s You Are produc	ts are you most	: interested in	?	
Additional in	nformation:				
В	Be As You Are, Inc. 3109 M	Street NW 2nd Floor	Washington, DC 200	007 (202) 965-2787	' Fax/965-2797 info@beasyouare.com