



CATALOG REQUEST FORM (all fields must be filled out)

COMPANY NAME:	
BUYER/CONTACT:	
ADDRESS:	
CITY, STATE, ZIP:	
TEL:	
FAX:	
EMAIL:	YOUR WEBSITE URL:
RESALE CERTIFICATE #:	
TYPE OF BUSINESS:	
RETAIL STORE _____ INTERIOR DESIGN _____ WEBSITE _____	
OTHER (please explain) _____	
HOW DID YOU HEAR OF VAGABOND VINTAGE:	
NY GIFT SHOW ____ ATLANTA GIFT SHOW ____ HIGH POINT ____ MAGAZINE ____	
OTHER (please explain) _____	
DO YOU WANT A CATALOG REGULARLY MAILED TO YOU? _____	

IMPORTANT: FIRST ORDER requests cannot be processed without a copy of your resale certificate.

Please fax this form along with a copy of your resale certificate to

404-351-8645