

# Dreamtime Creations B2B Signup Form

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First Name \*

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Email Address \*

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Last Name \*

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Website Link

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Company Name \*

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Phone Number \*

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Brand Name (If Different)

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What industry are you in? \*

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Address Line 1 \*

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Est. Annual Purchase Volume (in \$USD) \*

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Address Line 2

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Do you have an existing Dreamtime account?

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City/Town \*

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Do you have an existing Swarovski GSK Number?

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State/Province

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Do you have a VAT number?

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Zip/Postal Code \*

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Do you have a preferred language?

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Country \*

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List all social media accounts and handles (Instagram @dreamtimecreations) \*

These crystals cannot be for resale, what is your intentional use for these crystals?

Do you agree to signing a Brand Control Agreement directly with Swarovski, agreeing to not use their brand name in any way associated with your products?

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Signature

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Date