

## WHOLESALE CUSTOMER APPLICATION

COMPANY NAME			STATE RESALE LICENSE #(copy of state resale license must be sent with application)	
APPLICANT'S NAME			BUSINESS OWNER	
APPLICANT'S E-MAIL			APPLICATION DATE	
BUSINESS ADDRES	SS			
CITY STATE ZIP_		YEARS IN BUSINESS		
PHONE	FAX	WEBSIT	E	
Name & e-mail of au	thorized purchasing agents: _	Name	 E-mail	
Name	E-mail		Name	E-mail
Gene Milita Milita Spor How did you hear ab Custo Colle	ague	  t apply)	Internet / Online Stor Promotional Product Government Contract Other, <b>please expla</b>	s Supplier ctor in:  Advertisement News Release
Saw Trade E-ma		fy site		
•	I from us before? Y	N		
If yes, under what bu	usiness name and in what yea	ar was you	r last purchase made?	
Please provide three	current trade references:			
	our e-mail list to receive sp als are only offered to our e-mail sul			ne)
I have read a (please check)	and understand the Flying Cir	cle Bags w	holesale terms & cond	litions (attached).
Please fax or e-mail	your completed application, <b>r</b>	olus a cop	y of your state resale	license ( <u>required</u> ) to us at:

830-249-3567 (fax) wholesale@flyingcirclebags.com

Thank you for your application. You will be notified of your approval status via e-mail within 2-3 business days.