

Wolfe Face Art & FX Dealer Application

Full Name of business		Email address						
Business street address		Web address						
City, State, Zip Code								
Phone#	FAX#	Retail ID#						
Bill to address (if different than Business address)								
City, State, Zip Code		Circle store type						
		Brick & Mortar -- ecommerce -- both						
Delivery address (if different than Business address)								
City, State, Zip Code								
Phone#								
Please fill in the appropriate information below								
Owner name		Partner name						
Manager name	Buyers Name	Other name						
Largest nearby city		Estimated annual store sales						
Financial reference								
Financial institution name		Primary business account#						
Street address								
City, State, Zip Code								
Phone#	FAX#	Contact name						
Trade references								
Business name		Account#						
Street address								
City, State, Zip Code								
Phone#	FAX#	Contact name						
Business name		Account#						
Street address								
City, State, Zip Code								
Phone#	FAX#	Contact name						
Business name		Account#						
Street address								
City, State, Zip Code								
Phone#	FAX#:	Contact name						
Please check the types of business or markets that you service	<input type="checkbox"/>	Theatrical	<input type="checkbox"/>	TV/Film	<input type="checkbox"/>	Special effects	<input type="checkbox"/>	Face painting
	<input type="checkbox"/>	Educational	<input type="checkbox"/>	Glamour	<input type="checkbox"/>	Halloween	<input type="checkbox"/>	Body painting
	<input type="checkbox"/>	Costume	<input type="checkbox"/>	Party supply	<input type="checkbox"/>	Toy store	<input type="checkbox"/>	International
	<input type="checkbox"/>	Clown	<input type="checkbox"/>	General Merch	<input type="checkbox"/>	Gift store	<input type="checkbox"/>	Other:
Wholesale Trade Agreement								
<p>The undersigned hereby makes application to Wolfe Face Art & FX (Wolfe) and warrants that they are a reseller of the merchandise to the public, the information presented herein is true and correct and has been provided as the basis to induce Wolfe to make periodic sales. In consideration thereof, it is agreed and understood that (1) the undersigned is an authorized agent for the applicant entity and is duly empowered to enter into and make binding agreements on its behalf; (2) accepts that all amounts charged to the account are due and payable in full at the time of shipment.</p>								
Signed by:					Title			
Printed name:					Date			
<p>A copy of your RESALE TAX CERTIFICATE must be submitted with this application. Upon review, verification and acceptance of this application, wholesale pricing authorization will be released. The application may be sent to Wolfe Face Art & FX FAX: 407-730-9826 or shell@wolfefx.com /</p>								