

Please return via fax to:
(520) 290-0226
Attn: Theresa

FSSI, Inc Wholesale Customer Application

Business Name:		No. of Years in Business:	
Contact Person:		Position:	
Phone Number:		Alternate Phone #:	
Email:		Website:	
Ship To Address:			
Bill To Address:			
Tax ID Number:			

References:

Trade Reference #1			
Contact Name:		Contact #:	

Trade Reference #2			
Contact Name:		Contact #:	

Trade Reference #3			
Contact Name:		Contact #:	

Trade Reference #4			
Contact Name:		Contact #:	

Where will you be selling (Retail Store, eBay, Fairs, ...):			
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Signature / Date